# P 09000028680

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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10 MAR 25 AH ID: 13
SEUTILIANT OF STATE
TALLAHASSEE, FLORIDA

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### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: South Florida Assisted Living Corp			
(Name of Corporation)			
DOCUMENT NUMBER: P09000028680			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
John Freeland			
(Name of Person)			
South Florida Assisted Living Corp			
(Name of Firm/Company)			
222 Lakeview Avenue, Ste 160-365			
(Address)			
West Palm Beach, FL 33401			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
John Freeland at ( 561 ) 541-0055			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Lou Ann Barrette	, hereby resign as_VP, [	ס
7	,,,,	(Title)
of South Florida Assisted Livi	ng Corp	
(N	lame of Corporation)	·
P09000028680 (Document Number, if known)	, a corporation organized under the	e laws of the State of
Florida	 Mtt	FILED  10 MAR 25 AM IO: SECRETARY OF STALLAHASSEE, FLOI
	(Signature of resigning officer/director)	

### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314