P09000040257

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



300180207653

05/05/10--01047--005 **35.00

M/RW Rsyp

10 MAY -5 PM 1:46

COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: Home	(Name of Corporation)	is Conf.
DOCUMENT NUMBER:	f 09 0000 4 0 3	
The enclosed Officer/Director l	Resignation for a Corporation and fe	e are submitted for filing.
Please return all correspondence	e concerning this matter to the follo	wing:

Edwin F. Prys /CFo
(Name of Person)

(Name of Firm/Company)

1767 W Hillsboro Blood Ate 201

(Address)

Dear Field Break \$7 33 445
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>PL;1</u>	Giber 30	>>> , hereby resign a	s Pres	· riland
of Non	(Name of	Corporation)	y Care	. ,
Pogoco 40	ber, if known)	, a corporation organized u	inder the laws of the S	.tate of
Floris	<u> </u>			10 1
_	MM	luft "		LED
	(Sig	nature of resigning officer/dire	ctor)	الميني .

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