

P100000 75557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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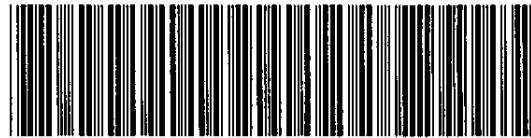
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Around the Clock Health and Human Services Inc.

(Name of Corporation)

DOCUMENT NUMBER: P10000075557

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Megan O Wright

(Name of Person)

Care Around the Clock Health and Human Services

(Name of Firm/Company)

2410 SW 82nd Ave

(Address)

Miramar, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Megan O Wright 954 8020328

(Name of Person) at () (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
P.O. Box 6327
Tallahassee, FL 32314

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

BELINDA C ALEXANDER

I, _____, hereby resign as _____ (Title)

Care Around the Clock Health and Human Services Inc
of _____
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

(Signature of resigning officer/director)

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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