

P10000103073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

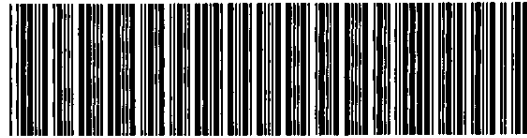
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*C. Coulliette*  
C.COULLIETTE

FEB 27 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAREGIVERS AT HOME NETWORK  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

AHARON BTESH  
(Name of Person)

CAREGIVERS AT HOME NETWORK  
(Name of Firm/Company)

8962 S.W. 142nd AVE # 1212  
(Address)

MIAMI, FL 33186  
(City/State and Zip Code)

For further information concerning this matter, please call:

AHARON BTESH at ( 786 ) 301-5999  
(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**

I, AMARON BTESH, hereby resign as VICE PRESIDENT  
(Title)

of CAREGIVERS AT HOME NETWORK, INC.  
(Name of Corporation)

P10000103073, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

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