

P11000000 7/55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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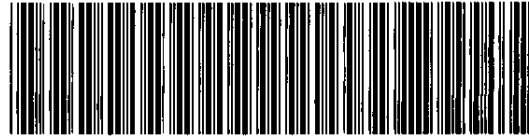
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

442-3411

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Experience Nursing, Inc
(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:

Arianne Byers

(Name of Person)

Experience Nursing, Inc

(Name of Firm/Company)

5611 146th Terrace North

(Address)

Clearwater, Florida 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

Arianne Byers

(Name of Person)

at (727) 512-4220

(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**

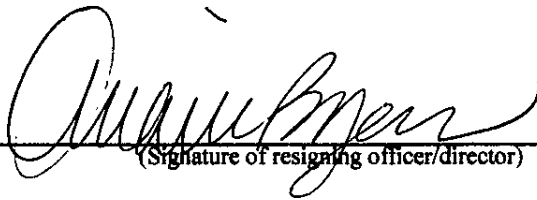
I, Arianne Byers, hereby resign as vice president

of Experience Nursing, Inc .

(Name of Corporation)

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

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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