

P110000 47039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

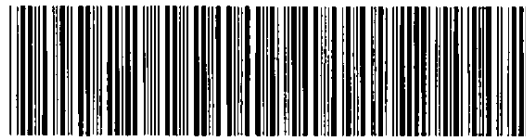
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200300661692

06/20/17 11:03:11 AM

S. TALLENT

JUL 03 2017

Q/D-Resign

FILED

17 JUN 26 PM 1:18

CLERK OF SUPERIOR COURT

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A QUALITY HOME HEALTH 4U, INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000047039

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

Please return all correspondence concerning this matter to the following:

Rick Garcia

(Name of Person)

THHI Management, Inc.

(Name of Firm/Company)

3109 W Hallandale Bch Blvd. # 101

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Rick Garcia

(Name of Person)

at (**954**) **962-2133**

(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

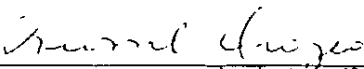
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Leonel Orozco, hereby resign as COO
(Title)

of A Quality Home Health 4U Inc.
(Name of Corporation)

P11000047039, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
17 JUN 26 PM 1:18
OFFICE OF THE CLERK
OF THE SUPREME COURT
OF FLORIDA

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