P11000047039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

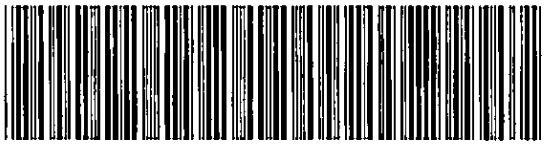
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 24 2017

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:

ANA MARIA CASTILLO
(Name of Person)

A QUALITY HOME HEALTH 4U, INC.
(Name of Firm/Company)

1305 SE 47TH TER
(Address)

CAPE CORAL, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA MARIA CASTILLO at (239) 257-1626
(Name of Person) (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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, LAZARO DELGADO ALVAREZ, hereby resign as VP
(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)

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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