

P11000057141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Resignation  
of officer*

08/23/11--01019--010 \*\*35.00

2011 AUG 23 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*AR  
8/24/11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CASA BONITA ASSISTED LIVING FACILITY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000057141

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

Please return all correspondence concerning this matter to the following:

JOSE M. FUENTES  
(Name of Person)

CASA BONITA ASSISTED LIVING FACILITY, INC.  
(Name of Firm/Company)

8354 SW 159 PLACE  
(Address)

MIAMI, FL. 33193  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE M. FUENTES at (305) 450-1725  
(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**

**FILED**

2011 AUG 23 PM 3:56

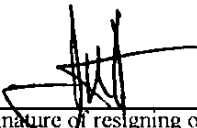
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOSE M. FUENTES, hereby resign as Vice-President/Secretary  
(Title) DIRECTOR

of CASA BONITA ASSISTED LIVING FACILITY, INC.  
(Name of Corporation)

P11000057141, 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