

P11000094574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

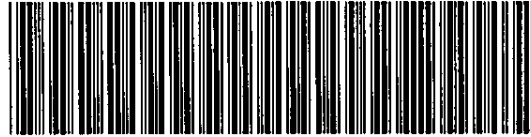
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corporation called and said that this person was never part of this corporation and after reviewing our records it was determined that this person was never listed on our records as part of the corporation.

dcc 01/05/17

Office Use Only



700291819587

11/16/16--01012--004 \*\*35.00

FILED  
2016 NOV 15 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2016

C. CARROTHERS

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Crystal Paradise Adol Day Care Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 911000094574

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

Please return all correspondence concerning this matter to the following:

Caridad Medina.  
(Name of Person)

Crystal Paradise Adol Day Care.  
(Name of Firm/Company)

6355 SW 8th St.  
(Address)

Miami, FL. 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

Caridad Medina at (386) 330-6194  
(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

To whom it may concern,

I Caridad Medina am contacting you to inform you that as of 10/21/2016 I no longer work for Crystal Paradise Adult Day Care. It has come to my attention that I still appear as Vice President on Sunbiz and on the AHCA employee roster. I would like to be removed as soon as possible as I no longer work for this company and don't want any responsibility nor to be associated in any way. Please see to respond to this letter as soon as possible.

Thank you

71-94574

Warm regards,

Caridad Medina

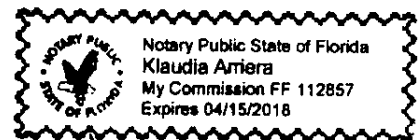
Cell: 786-370-6194

SS: 768-82-8344

DOB: 10/18/1953

RECEIVED  
16 OCT 28 PM 3 44  
VOID  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE

*Caridad Medina*



*[Handwritten signature]*

LN:M350-100-53-898



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2016

CARIDAD MEDINA  
5832 SW 9ST  
MIAMI, FL 33144

SUBJECT: CRYSTAL PARADISE ADULT DAY CARE INC.  
Ref. Number: P11000094574

We have received your document for CRYSTAL PARADISE ADULT DAY CARE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 816A00023475

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Caridad Medina, hereby resign as VICE PRESIDENT  
(Title)

of Crystal Paradise Adult Day Care Inc.  
(Name of Corporation)

P11000094574, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Caridad Medina  
(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

2016 NOV 15 AM 10:00  
FILED  
VOID  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA