

P 11 0000 98029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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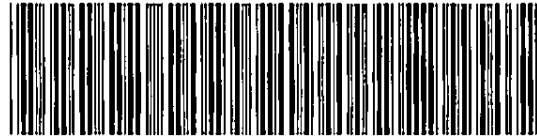
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. GOLDEN

AUG 31 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **I.F.A ADULTS CARE, INC**
(Name of Corporation)

DOCUMENT NUMBER: **P11000098029**

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

Please return all correspondence concerning this matter to the following:

NEGUI MOLINA

(Name of Person)

(Name of Firm/Company)

7241 SW 132ND AVE

(Address)

MIAMI, FL. 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

NEGUI MOLINA at **(305) 4085678**

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, NEGUI MOLINA, hereby resign as SV
(Title)

of I.F.A. ADULTS CARE, INC
(Name of Corporation)

P11000098029, 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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