P11000098029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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.

N. Molina
(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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