496900061F

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
. (City	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer: .	

Office Use Only



500252806735

10/15/13--01016--001 **35.00

13 BCT 15 AM IO: LS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. TRANQUILITY BAY ADULT DAY CARE CORP.

(Name of Corporation)

DOCUMENT NUMBER: P12000029294

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

Please return all correspondence concerning this matter to the following:

OSCAR HERNANDEZ

(Name of Person)

TRANQUILITY BAY ADULT DAY CARE CORP

(Name of Firm/Company)

100360 OVERSEAS HWY SUITE # 6,7,8

(Address)

KEY LARGO/FLORIDA/33073

(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR HERNANDEZ

(Name of Person)

at (786) 445-1632

(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

L NORKA-MARIA GARC	CIA, hereby resign as PRESIDENT		
	(Title)		-
of IRANQUILITY BAY AI	DULT DAY CARE CORP.	,	
P12000029294 , a co	orporation organized under the laws of the State of		
FLORIDA .			
(Signatur	re of resigning officer/director)	13 OCT 15	SECRETARY (NVISION OF CO
		=	경우

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