

P12000043243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

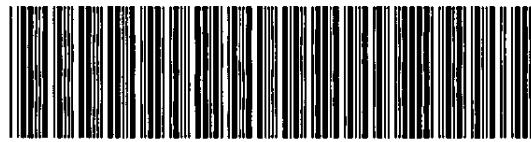
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Carrie*  
JAN 20 2016

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EL ROBLE ASSISTED LIVING FACILITY INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000043643

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

Please return all correspondence concerning this matter to the following:

**HILDA SANCHEZ**

(Name of Person)

**EL ROBLE ASSISTED LIVING FACILITY INC**

(Name of Firm/Company)

**932 SE 3RD STREET**

(Address)

**BELLE GLADES, FL 334300**

(City/State and Zip Code)

For further information concerning this matter, please call:

**HILDA SANCHEZ** at 561 **305-5615**  
(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

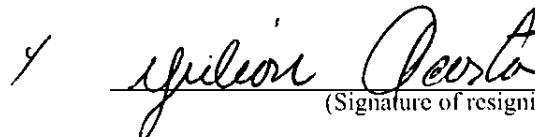
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, YULIAN ACOSTA SANCHEZ, hereby resign as CEO  
(Title)

of EL ROBLE ASSISTED LIVING FACILITY INC  
(Name of Corporation)

P12000043643, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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