

P12000043243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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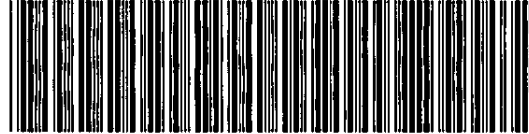
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JAN 20 2016

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EL ROBLE ASSISTEND 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

(Name of Person)

at (**561**)

305-5615

(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

(Document Number, if known)

FLORIDA

, a corporation organized under the laws of the State of


(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