

P120000061385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

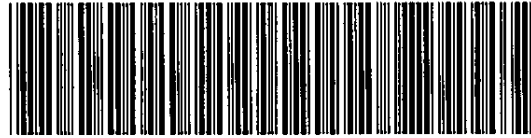
(Business Entity Name)

(Document Number)

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FALL AHASSETT

*old Resignation*

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000061385

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

Please return all correspondence concerning this matter to the following:

**Sabrina Lopez**

(Name of Person)

**The Family Adult Day Care # 2, INC.**

(Name of Firm/Company)

**1409 Coral Way**

(Address)

**Miami, FL 33145**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Sabrina Lopez**

(Name of Person)

at ( **305** ) **316-6258**

(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

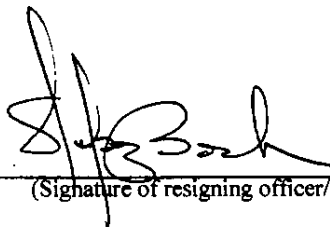
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sabrina Lopez, hereby resign as Vice- President  
(Title)

of The Family Adult Day Care #2, Inc.  
(Name of Corporation)

P12000061385, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILED**  
**15 NOV -6 AM 10:45**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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