

P13000012989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

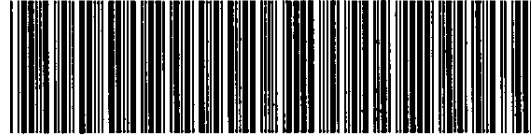
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 11 2016

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFICER RESIGNATION
(Name of Corporation)

DOCUMENT NUMBER: P13000012989

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

Please return all correspondence concerning this matter to the following:

CARLOS DIAZ

(Name of Person)

FAMILY HOME CARE ALF, INC

(Name of Firm/Company)

6214 N. THATCHER AVE

(Address)

TAMPA, FL. 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS DIAZ at (813) 8020640

(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, KIRENIA BAEZ, hereby resign as PRESIDENT
(Title)

of FAMILY HOME CARE ALF, INC
(Name of Corporation)

P13000012989, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2016 MAY -9 PM 1:57
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