

P/3000013413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

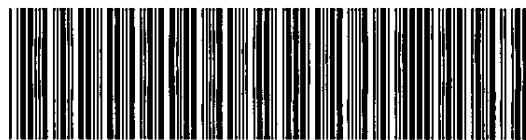
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200263677532

08/29/14--01004--021 \*\*35.00

14 AUG 29 PM 2:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. LEWIS  
SEP 5 2014  
EXAMINER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CDW ADULT Home CARE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000013413

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

Please return all correspondence concerning this matter to the following:

Devond D. Williams  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1350 Monroe ST Unit 142  
(Address)

Fort Myers FL 33902  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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**

DEPT. OF STATE  
DIVISION OF CORPORATIONS

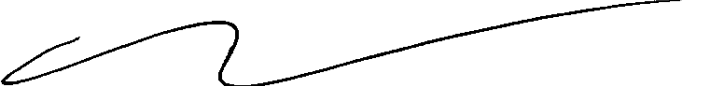
14 AUG 29 PM 2: 27

I, Devon D. Williams, hereby resign as President  
(Title)

of CDW Adult Home Care Inc  
(Name of Corporation)

P13000013413, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**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