

PB000059235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

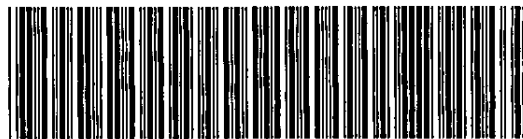
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16 OCT 24 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paradise Adult Day Care, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P13000059235

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

Please return all correspondence concerning this matter to the following:

Yeny De Erbiti

(Name of Person)

Paradise Adult Day Care, Inc.

(Name of Firm/Company)

50 Lindsay Ct Ste 101-106

(Address)

Hialeah, FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosana Iglesias at 305 562-7946

(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, Yeny De Erbiti, hereby resign as Vice President
(Title)

of Paradise Adult Day Care, Inc.
(Name of Corporation)

P13000059235, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Yeny De Erbiti
(Signature of resigning officer/director)

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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