

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6380

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOR AMND/RESTATE/CORRECT OR O/D RESIGN
AVIS ADULT DAY CARE CORP

Certificate of Status	0
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Estimated Charge	\$35.00

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avis Adult Day Care Corp

(Name of Corporation)

DOCUMENT NUMBER: P13000065076

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Address)

(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


H14000269317

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mirbian Puerta, hereby resign as President
(Title)

of Avis Adult Day Care Corp
(Name of Corporation)

P13000065076 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

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