P13000073001

(Requestor's Name)		
(Address)		
(Address)		
(C)	ty/State/Zip/Phone #	/)
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT, ALL-AMERICAS HOMEHEALTH INC

(Name of Corporation)

DOCUMENT NUMBER: P13000073001

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

Please return all correspondence concerning this matter to the following:

PREVATT, KAREN J

(Name of Person)

KAREN J PREVATT LAW FIRM

(Name of Firm/Company)

137 S. PEBBLE BEACH BLVD., SUITE 102

(Address)

SUN CITY CENTER, FL 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

EUNICE IKPEKPE

...813 \410-0232

(Name of Person)

[Area Code & Daytime Telephone Number]

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

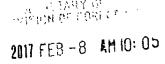
Mailing Address:

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, EDINRI MAGEGE	, hereby resign asVC
of ALL-AMERICAS H	(Title)
	c of Corporation)
P13000073001 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
-	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314