

P130000085787

(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



900259252819

# Resignation Letter

04/23/14--01024--013    \*\*35.00

**FILED**

28 APR 23 PM 4:30

043761  
DALE PHASE, FLORIDA

4 | 3 | 14

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** West Family Child Care Center

(Name of Corporation)

**DOCUMENT NUMBER:** P13000085787

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

Please return all correspondence concerning this matter to the following:

Karen West

(Name of Person)

West Family Child Care Center

(Name of Firm/Company)

4785 SE 98TH LANE

(Address)

BELLEVIEW, FL 34420

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN WEST

(Name of Person)

at ( 352 ) 5537043

(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**

FILED

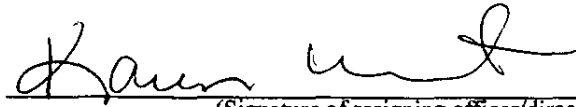
2014 APR 23 PM 4:30

I, KAREN WEST, hereby resign as SECRETARY of WEST FAMILY CHILD CARE CENTER,  
TALLAHASSEE, FLORIDA  
(Title)

of WEST FAMILY CHILD CARE CENTER,  
(Name of Corporation)

P13000085787, 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