

P14000017997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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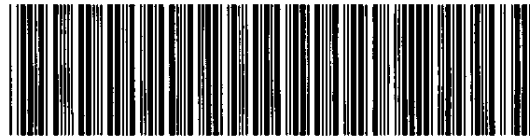
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SUNSHINE ADULT DAY CARE, INC**
(Name of Corporation)

DOCUMENT NUMBER: **P14000017997**

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

Please return all correspondence concerning this matter to the following:

AFRODICIO R HERNANDEZ
(Name of Person)

(Name of Firm/Company)

6626 HANLEY ROAD
(Address)

TAMPA, FL 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

AFRODICIO HERNANDEZ at **(813) 403-8521**
(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

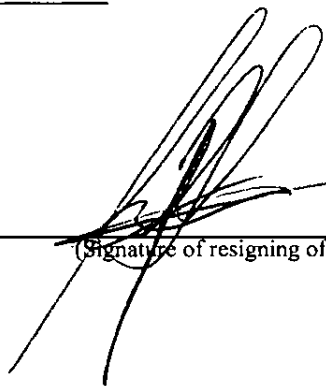
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PILAR G LORENZO, hereby resign as President, Director & Treasurer
(Title)

of SUNSHINE ADULT DAY CARE, INC.
(Name of Corporation)

P14000017997, 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

FILED
SECRETARY OF STATE
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