

P14000079475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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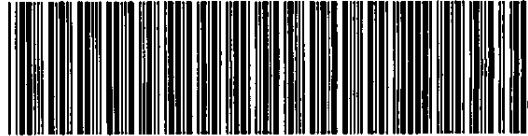
(Business Entity Name)

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C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **HOWARD HOME CARE ALF INC**

(Name of Corporation)

DOCUMENT NUMBER: **P14000079475**

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

Please return all correspondence concerning this matter to the following:

KIRENIA BAEZ

(Name of Person)

HOWARD HOME CARE ALF INC

(Name of Firm/Company)

7001 N HOWARD AVE

(Address)

TAMPA, FL 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

KIRENIA BAEZ

(Name of Person)

at **(813) 965-5394**

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 NOV 16 PM 1:20

I, CARLOS A DIAZ, hereby resign as PRESIDENT
(Title)

of HOWARD HOME CARE ALF INC
(Name of Corporation)

P14000079475, 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