

P14000079475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

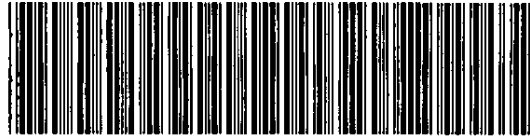
(Business Entity Name)

(Document Number)

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FILED  
STATE  
DIVISION OF CORPORATIONS  
MAY - 9 AM 9:53

MAY 10 2016

C McNAMARA

**TRANSMITTAL LETTER**

STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -9 AM 9:52

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OFFICER RESIGNATION  
(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:

CARLOS DIAZ

(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:

CARLOS DIAZ

(Name of Person)

at ( 813 ) 8020640

(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  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -9 AM 9:53

I, KIRENIA BAEZ, 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

K. Baez  
(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