

P/50000 68499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

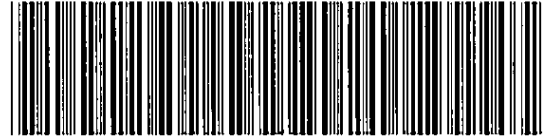
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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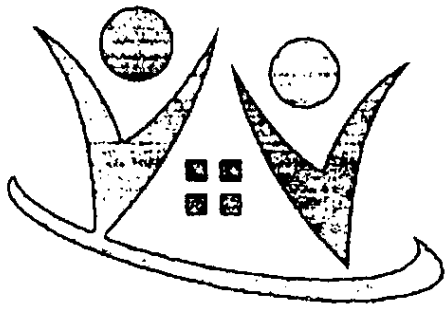
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FILED



Villa Rosa I

Assisted Living Facility

JUNE 28, 2019

TO THE AMENDMENT SECTION OF THE DIVISION OF CORPORATIONS

OFFICER RESIGNATION

DOCUMENTNUMBER: P15000068499

MIGUEL PEREZ HEREBY RESIGNS AS PRESIDENT OF VILLA ROSA I, INC. THEREBY LEAVING
MICHELE PEREZ AS THE ONLY AND SOLE OFFICER/PRESIDENT OF VILLA ROSA I, INC.

A handwritten signature in black ink, appearing to read 'Miguel Perez', written over a horizontal line.

MIGUEL PEREZ, RESIGNING

A handwritten signature in black ink, appearing to read 'Michele Perez', written over a horizontal line.

MICHELE PEREZ, PRESIDENT

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villa Rosa I, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000068499

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

Please return all correspondence concerning this matter to the following:

Michele Perez
(Name of Person)

Villa Rosa I, Inc.
(Name of Firm/Company)

182 W. 9 Street
(Address)

Hialeah, Florida 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Perez at (954) 614-2254
(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, Miguel Perez, hereby resign as President
(Title)

of Villa Rosa I, Inc.
(Name of Corporation)

P15000068499, 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

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