

P15000078295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

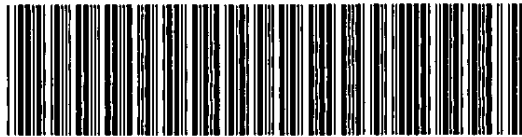
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15 OCT 15 PM 1:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 15 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2015

IRVING M BURSTEIN  
5256 GLENVILLE DR  
BOYNTON BEACH, FL 33437 US

SUBJECT: CLIENT CARE EXPERTS  
Ref. Number: P15000078295

We have received your document for CLIENT CARE EXPERTS and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00020950

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLIF CARE EXPERTS  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000078295

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

Please return all correspondence concerning this matter to the following:

IRVING M BURSTEIN  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

5256 GLENVILLE DR  
(Address)

BOYNTON BEACH FL 33437  
(City/State and Zip Code)

For further information concerning this matter, please call:

IRVING M BURSTEIN at (561) 358 1046  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


15 OCT 15 PM 1:04

I, MICHAEL SEWARD, hereby resign as PRESIDENT  
(Title)

of CLIENT CARE EXPERTS INC,  
(Name of Corporation)

P15000078295, 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