

PI6000020883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

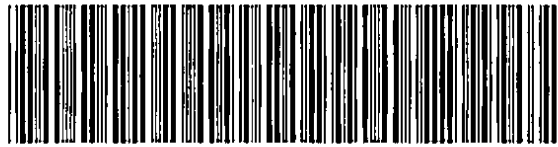
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600336802856

11/12/19--01022--009 **35.00

FILED
2019 NOV 12 A 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEC 14 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: We Care Autism Services Inc
(Name of Corporation)

DOCUMENT NUMBER: P16000020883

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

Please return all correspondence concerning this matter to the following:

Nidia Gutierrez Santana

(Name of Person)

We Care Autism Services Inc

(Name of Firm/Company)

1275w 47 pl

(Address)

Hialeah FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Nidia Gutierrez Santana at (561) 480-1317

(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, Andres Bello Avilleira, hereby resign as Vice President
(Title)

of We Care Autism Services Inc
(Name of Corporation)

P16000020883, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV 12 A 4 44

FILED