

P16000022234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

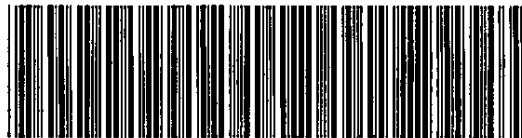
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400289364394

09/01/16--01006--015 \*\*35.00

FILED

2016 SEP - 1 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/13/16

August 26, 2016

To whom it may concern,

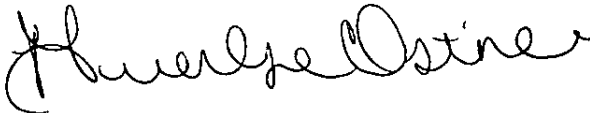
I Guerlyne Ostine , certify that I do not own a business by the name of G&G Healthcare Providers Inc., document number P16000022234.

I have no knowledge of such business and have no affiliation to this organization or anyone that is associated with such business. This matter was brought to my attention by my federal probation officer.

This letter will serve as notice to all persons that I don't own, have an affiliation with or have had any knowledge of such business prior to August 26, 2016.

If any additional information is needed please feel free to contact me via email.

Sincerely,

A handwritten signature in cursive script that reads "Guerlyne Ostine". The signature is written in dark ink and is positioned below the word "Sincerely,".

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** E+G HealthCare Providers INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P 16000022234

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

Please return all correspondence concerning this matter to the following:

Guerlyne Ostine  
(Name of Person)

13300 Alexandria Dr #107  
(Address)

OPA Locks FL 33054  
(City/State and Zip Code)

For further information concerning this matter, please call:

Guerlyne Ostine at (305) 857-1855  
(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, Guerlyne Ostine, hereby resign as P  
(Title)

of G+G Home Health Care Providers INC  
(Name of Corporation)

P 160000222234, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Guerlyne Ostine  
(Signature of resigning officer/director)

FILED  
2016 SEP - 1 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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