

PI6000044589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

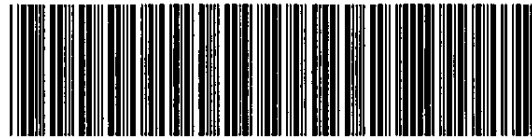
(Business Entity Name)

(Document Number)

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17 APR 17 AM 9:59

SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 19 2017

C McNAIR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L & B HEALTH CORP
(Name of Corporation)

DOCUMENT NUMBER: P16000044589

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

Please return all correspondence concerning this matter to the following:

LUIS CASTRO

(Name of Person)

(Name of Firm/Company)

11701 SOUTH WEST 177TH TERRACE

(Address)

MIAMI, FLORIDA 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA BRILLINESSITE at **786** **285-7335**

(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

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
17 APR 17 AM 9:58


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS CASTRO, hereby resign as VICE PRESIDENT
(Title)

of L & B HEALTH CORP
(Name of Corporation)

196000044589, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 17 AM 9:50

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