P10000055889

(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



400304239544

10/12/17--01025--004 **35.00



CD/225

OCT 13 2017 LALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations 10/09/2017

SUBJECT: HAMPTON HEALTHCARE SERVICES, INC.
(Name of Corporation) DOCUMENT NUMBER: P16000055889
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
James F. Shannon
(Name of Person)
James F. Shannon
(Name of Firm/Company)
28 SW 8th Street - Unit B
(Address)
Hallandale, FL 33009-7029
(City/State and Zip Code)
For further information concerning this matter, please call:
James F. Shannon at (786) 253-9050
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

10/09/2017

, James F. Shannon	, hereby resign as
	THCARE SERVICES, INC.
P16000055889 (Document Number, if known)	e of Corporation)
Florida	

10/09/2017

Check #: 1286 In The Amount Of - - \$35.00 / JPMorgan Chase Bank, NA / Enclosed

(Signature of resigning officer/director)

Please

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

