

P160000082835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

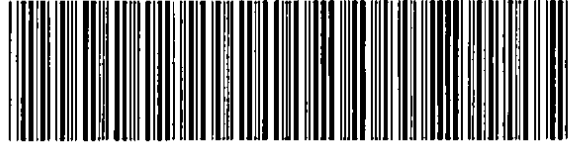
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRACLES HOME HEALTH CARE, CORP

(Name of Corporation)

DOCUMENT NUMBER: P16000082835

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

Please return all correspondence concerning this matter to the following:

Daniel Hernandez

(Name of Person)

Miracles Home Health Corp

(Name of Firm/Company)

175 FONTAINEBLEAU BLVD.SUITE 2K1

(Address)

Miami, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Hernandez at (786) 285-8951

(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

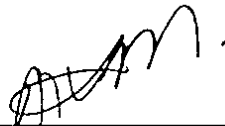
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Milagros Hernandez, hereby resign as Vice President
(Title)

of Miracles Home Health Care Corp
(Name of Corporation)

P16000082835, 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

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