

P16000 083 955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

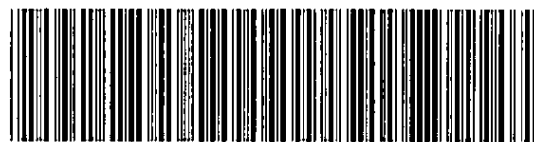
(Business Entity Name)

(Document Number)

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o/d
Resign.

10/9/19

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPSOULA'S HAVEN ASSISTED LIVING
(Name of Corporation) FACILITY, INC
DOCUMENT NUMBER: P 1600000 83955

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

Please return all correspondence concerning this matter to the following:

BENEDICT DEGAMA
(Name of Person)
OPSOULA'S HAVEN ASSISTED LIVING FACILITY, INC
(Name of Firm/Company)
11900 NW 35TH ST
(Address)
SUNRISE, FL. 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

OPSOULA S. DEGAMA at (954) 639 3611
(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

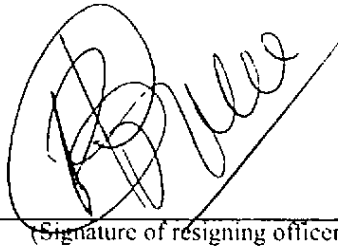
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BENEDICT DEGAMA, hereby resign as V.P
(Title)

of OPSCALA'S HAVEN ASSISTED LIVING FACILITY,
(Name of Corporation) INC.

P16000083955, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

19 SEP 30 PM 4:05
DIVISION OF CORPORATIONS

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