

P170000 42622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

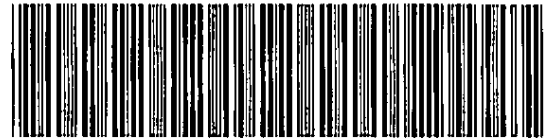
(Business Entity Name)

(Document Number)

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2020 APR 28 PM 3:38

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O/D-Resign

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Misty Meadows Assisted Living Inc  
(Name of Corporation)

DOCUMENT NUMBER: P17000042622

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

Please return all correspondence concerning this matter to the following:

Kristen Smith  
(Name of Person)

Misty Meadows Assisted Living Inc  
(Name of Firm/Company)

16851 NE Hwy 27 Alt.  
(Address)

Williston, FL 32696  
(City/State and Zip Code)

For further information concerning this matter, please call:

LaTonya Greenlee at ( 352 ) 682-7382  
(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, Kristen Smith, hereby resign as S, D  
(Title)

of Misty Meadows Assisted Living, Inc.  
(Name of Corporation)

P17000042622, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Kristen Smith  
(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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