

P 17000048867

(Requestor's Name)

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O/D-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florence Nightengale Angelic Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P17000048867

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

Please return all correspondence concerning this matter to the following:

Jared Kullman, Esq.
(Name of Person)

(Name of Firm/Company)

1910 S. State Road 7
(Address)

Miramar FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Jared Kullman at (954) 629 9319
(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, MARVA E. BLAIR, hereby resign as V. President
(Title)

of FLORENCE NIGHTINGALE ANGELIN CARE, INC.
(Name of Corporation)

P17000048867, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

X Marva E. Blair
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314