

PIN 000058101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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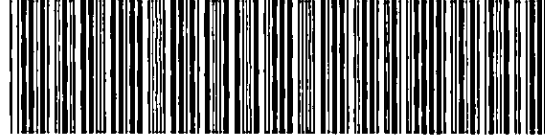
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Care Haven companions, inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000058101

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

Please return all correspondence concerning this matter to the following:

Jean-Yves Bazile  
(Name of Person)

Care Haven companions, inc.  
(Name of Firm/Company)

1848 1<sup>st</sup> Street North  
(Address)

Winter Haven, FL 33881  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jean-Yves Bazile at ( 321 ) 368-8938  
(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, Jean-Yves Bazile, hereby resign as VICE President  
(Title)

of Care Haven companions inc  
(Name of Corporation)

P17000058101, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Jean-Yves Bazile  
(Signature of resigning officer/director)

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17 NOV 15 PM 2:16  
TALLAHASSEE, FLORIDA

**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