

P19 0000 21852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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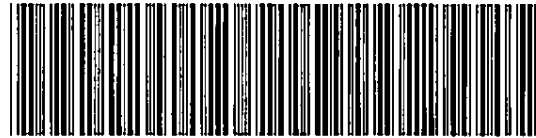
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JQ 10/29/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation Director Of ORCHIDESTY LOVING CARE INC

(Name of Corporation)

DOCUMENT NUMBER: 19000021852

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ESTHER GUIRAND

(Name of Person)

ORCHIDESTY LOVING CARE INC

(Name of Firm/Company)

14455 Sw 44th Ave

(Address)

OCALA FL, 34473

(City/State and Zip Code)

For further information concerning this matter, please call:

ESTHER GUIRAND

(Name of Person)

at (561) 8708490

(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, MARIEKED MORESTANT, hereby resign as DIRECTOR
(Title)

of ORCHIDESTY LOVING CARE INC
(Name of Corporation)

~~19000021852~~ a corporation organized under the laws of the State of
(Document Number, if known)
(19000021852) Florida

Marieked Morestant
(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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