

P20000007935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

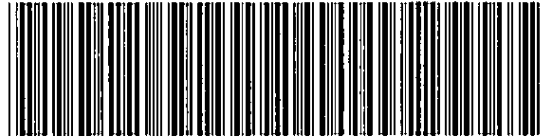
(Business Entity Name)

(Document Number)

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2021 AUG -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler
8/16/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMILIA ADULT DAY CARE INC

(Name of Corporation)

DOCUMENT NUMBER: P20000007935

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

Please return all correspondence concerning this matter to the following:

Jael Cue

(Name of Person)

FAMILIA ADULT DAY CARE INC

(Name of Firm/Company)

5951 NW 173 DRIVE #B10

(Address)

HIALEAH, FLORIDA 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

JAEI.CUE at (786) 449-5614

(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 **FILED**
FOR A CORPORATION

2021 AUG -2 AM 8:01

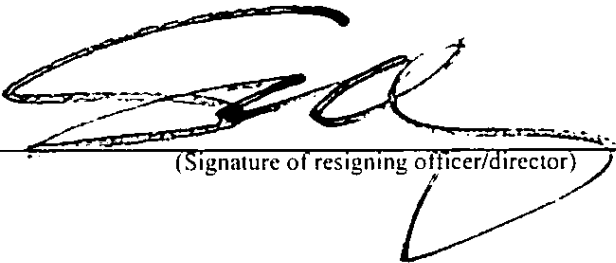
SECRETARY OF STATE
TALLAHASSEE, FL

I, JORGE SANTANA, hereby resign as VP
(Title)

of FAMILIA ADULT DAY CARE INC
(Name of Corporation)

P20000007935, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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