

P20000042175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

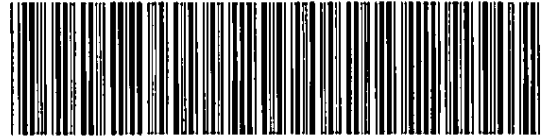
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JG 10/19/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEXLEVEL CARE REFERRAL SERVICE INC.

(Name of Corporation)

DOCUMENT NUMBER: P20000042175

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

Please return all correspondence concerning this matter to the following:

D KING

(Name of Person)

KPG

(Name of Firm/Company)

P.O. BOX 783812

(Address)

WINTER GARDEN, FL 34778

(City/State and Zip Code)

For further information concerning this matter, please call:

D KING

at (407) 900-7744

(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:

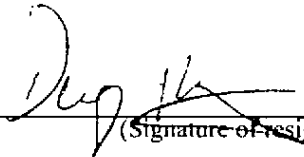
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DUNG NGUYEN, hereby resign as VP
(Title)

of NEXLEVEL CARE REFERRAL SERVICE INC.
(Name of Corporation)

P20000042175, 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

FILED
2020 SEP 10 AM 11:04
CLERK OF STATE
TALLAHASSEE, FL