

P21 000023396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

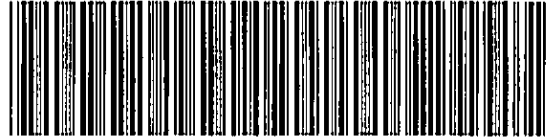
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600390425556

07/05/22--01042--004 **35.00

FILED
2022 JUL -5 PM 2:12
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

82
12

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caring for the Elderly and Disabled Adult
(Name of Corporation)
DOCUMENT NUMBER: P21 000073396 DayCare Inc.

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

Please return all correspondence concerning this matter to the following:

Lisa Valdes
(Name of Person)

Caring for the Elderly and Disabled Adult DayCare
(Name of Firm/Company) Inc.

306 SW 206 Ave
(Address)

Pembroke Pines, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Valdes at (954) 732 8615
(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

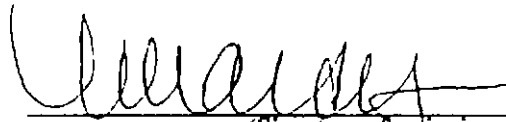
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lisa Valdes, hereby resign as Vice President
(Title)

of Caring for the Elderly and Disabled Adult Paycor
(Name of Corporation)

P21000023396, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

TALLAHASSEE, FLORIDA

2022 JUL -5 PM 2:12

FILED

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