(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:		
J. HORNE AUG 27 2022		

Office Use Only



900388880889

88/18/22--018:8--025 (*20.85

2022 JUN 10 AM 8: 53 SECRETARY OF THE TALLAHASSEE, THE

. ;

TRANSMITTAL LETTER

Division of Corporations
A PRECIOUS CARE AGENCY INC SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P22000040745
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEANNE ENSOR
(Name of Person)
A PRECIOUS CARE AGENCY INC
(Name of Firm/Company)
10497 RIDGE RD
(Address)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

Mailing Address:

SEMINOLE, FL. 33778

JEANNE ENSOR

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

TO:

Street Address:

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

at (_____)
(Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FII ED

2022 JUN 10 AH 8: 53

SECRETARY OF STATE ALL AHASSEE, FILL

JENNIFER CRISTOBAL	VICE PRESIDENT , hereby resign as
l,	, hereby resign as(Title)
A PRECIOUS CARE AGENCY INC	
(Nan	ne of Corporation)
P22000040745	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	·
	Que !
-	(Signature of resigning officer/director)
	\mathscr{Y}

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