## Requester Name COOO 965

Ross B. Toyne Attoeney a flaw Concord Bullfong, Suite 1003 65 West Flagler Street Mianu, FL 3313CF 884 100003115281--1 -01/31/00--01004--014 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME,

## CUMENT NUMBER(S), (if known):

1.	•			
	(Co	orporation Name)	(Document #)	TALEGO JA
<ol> <li>2</li> <li>3.</li> </ol>	(Corporation Name)		(Document #)	SSECO E D
3. <u> </u>	(Corporation Name)		(Document #)	
4	(Co	orporation Name)	(Document #)	
	Walk in Mail out	☐ Pick up time ☐ Will wait		Certified Copy
_	■ Iviaii out	will wait	☐ Photocopy	☐ Certificate of Status
<u>NEW FILINGS</u>		<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other		☐ Amendment ☐ Resignation of R.A., Officer/Director ☐ Change of Registered Agent ☐ Dissolution/Withdrawal ☐ Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name		☐ Foreign ☐ Limited Partners ☐ Reinstatement ☐ Trademark ☐ Other	ship XRB	

## AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA ) )§ COUNTY OF MIAMI-DADE)

- I, Madelaine A. Sopo, after being duly sworn, state that to the best of my knowledge information and believe, and under the penalties of perjury, the following is true and correct:
- I, Madelaine A. Sopo, do hereby resign as Registered Agent, President and Secretary of Good
   Nursing Services of U.S.A., Inc., a Florida corporation.
- 6. That the corporation has been notified in writing of the resignation, and that the corporate minutes relating to the resignation are unavailable.

Further affiant sayeth naught.

Madelaine A. Sopo

Sworn to and subscribed before me this 25 day of \( \frac{1}{2} \) \( \text{L} \)

Notary Public

My Commission Expire

R B. TOYNE
Y COMMISSION # CC 754493
EXPIRES: 06/25/2002

OO JAN 28 AM 10: 50
SECRETARY OF STATE