

P940000/9931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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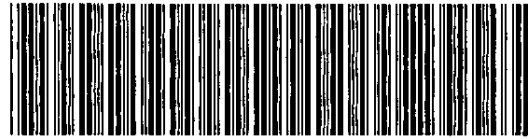
(Business Entity Name)

(Document Number)

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1444 9th St NW
WASHINGTON DC 20004

O/D

Resign

09/26/13

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Westland Home Care Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: P94000019931

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

Please return all correspondence concerning this matter to the following:

Alberto Gomez
(Name of Person)

Westland Home Care Services, Inc
(Name of Firm/Company)

8700 W. Flagler St. #375
(Address)

Miami, FL 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Gomez at (305) 220-9151
(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

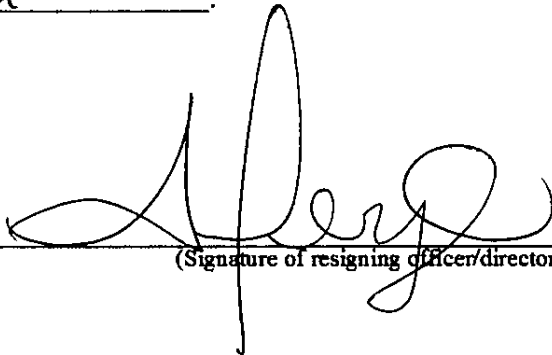
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Adolys Perez, hereby resign as President & Secretary
(Title)

of Westland Home Care Services, Inc.
(Name of Corporation)

P94000019931, 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
10 SEP 19 PM 3:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA