

P 950 00029616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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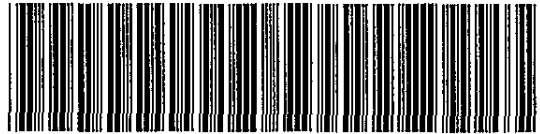
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ps 8/15/05
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avante Care Ancillary Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P950000 29616

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

Please return all correspondence concerning this matter to the following:

Tina Huffaker
(Name of Person)

Avante Group Inc.
(Name of Firm/Company)

4000 Hollywood Blvd. #540N
(Address)

Hollywood, Florida 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Huffaker at (954) 987-7180 Ext. 219
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 AUG 11 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Darren Caruso, hereby resign as President and Director
(Title)

of Avante Care Ancillary Services, Inc.
(Name of Corporation)

995000029616, 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