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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

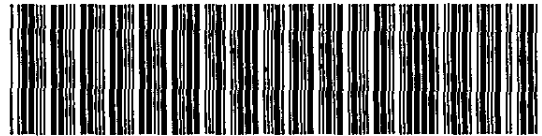
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2006 JAN 10 PM 2:22

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*YB  
1/19*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAREFREE LIVING of SARASOTA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

HARRIET GOETZ  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2666 BELJOIR BLVD  
(Address)

SARASOTA FL 34237  
(City/State and Zip Code)

For further information concerning this matter, please call:

HARRIET GOETZ at (941) 906-1441  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 JAN 10 PM 2:22

I, HARRIET GOETZ, hereby resign as officer/director/mg  
(Title)  
of CAREFREE LIVING OF SARASOTA, INC  
(Name of Corporation)  
65-0591163, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

Harriet Goetz  
(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