P95000051370

Dana M. Valdes
Requestor's Name

% NCF Insurance Associates
Address

4090 Laguna
Coral Gables, Fla. 3314
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Home 7872 SW 102 Lane
(Corporation Name) (Document #)

2. Miami, Fla. 33156
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

700002618447--6
-08/18/98--01008--004
*****35.00 *****35.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
✓	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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98 AUG 14 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

TLL AUG 1 A 1998

Examiner's Initials	

CR2E031(1/95)

Dana M. Valdes
c/o NCF Insurance Associates
4090 Laguna
Coral Gables, FL 33146

August 13, 1998

Department of State
409 East Gaines ST.
Tallahassee, FL 32399

RE: *True Home Care, Inc.*
FEIN# *65-05-92392*

To whom it may concern:

This letter is to inform you that I am resigning as an officer from the above mentioned corporation, True Home Care, Inc. Please note that I have not been an active officer in said corporation since December, 1997. Enclosed you will find a check for the $35.00 resignation fee. If this is not sufficient or you have any questions please do not hesitate to contact me. Thank you.

Sincerely,

Dana M. Valdes

Dana M. Valdes

DV/mn

cc: *True Home Care, Inc.*