P970000545

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

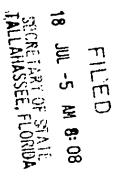
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JUL 1 0 2018 S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Preferred Home Health Ca	are, Inc.
(Name of Corpor	ation)
DOCUMENT NUMBER: P97000005665	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing
Please return all correspondence concerning this matter to the	e following:
Teresita Barquin	
(Name of Person)	
Preferred Home Health Care, Inc.	
(Name of Firm/Company)	
4929 SW 74 Court	
(Address)	
Miami, Florida 33155	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Leonel Orozco at (Mame of Person) at (Area Code	465-0212 & Daytime Telephone Number)
(11111)	

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

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_{i.} Teresita Barquin	hereby resign as VP, Officer, Director
	(Title)
of Preferred Home H	
(Nar	ne of Corporation)
P9700005665 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	(Signature of resigning officer/director)
	FIL'ED CRETARY OF SA
	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