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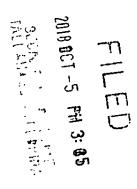
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TRANSMITTAL LETTER

BROWARD NURSING CARE INC (Name of Corporation) DOCUMENT NUMBER: P 97000024292 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANNA HILTON (Name of Person) BROWARD NURSING CARE INC (Name of Firm/Company) 4175 DAVIE RD #200 (Address) **DAVIE, FL 33314** (City/State and Zip Code) For further information concerning this matter, please call: ANNA HILTON 954 625-2722
(Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations 2661 Executive Center Circle P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ANNA HILTON	DIRECTOR/PRESIDENT , hereby resign as
',	(Title)
of_BROWARD NUR	
(Name	of Corporation)
(Document Number, if known) FLORIDA	, a corporation organized under the laws of the State of
- Suul	Signature of resigning officer/director)
	TALL ATTACK
1	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