

P9700003964B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

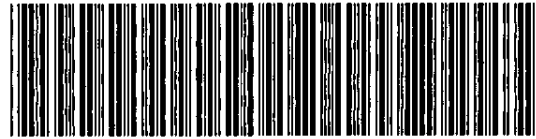
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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OD/Res
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Family Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PA7000039643

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

Please return all correspondence concerning this matter to the following:

Walter A. Anon
(Name of Person)

Law offices of Walter A. Anon
(Name of Firm/Company)

7975 NW 155th Street, Suite A
(Address)

Miami Lakes, FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

Walter A. Anon at (305) 821-5419
(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

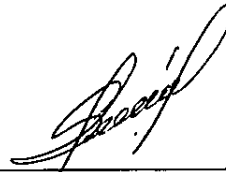
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF OFFICER AND/OR DIRECTOR AFFIDAVIT

STATE OF FLORIDA)
)
COUNTY OF DADE)

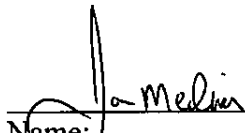
BEFORE ME, the undersigned authority, personally appeared SALVADOR FERNANDEZ, who by me being first duly sworn, says to the best of his knowledge, information and belief, and under penalties of perjury:

1. That he has resigned as an Officer and/or Director of CARE FAMILY CENTER, INC., a Florida Corporation;
 2. That the company has been notified in writing of the resignation; and
 3. That company minutes relating to the resignation are unavailable.
- FURTHER AFFIANT SAYETH NOT.



SALVADOR FERNANDEZ

SWORN to and SUBSCRIBED before me this 22nd day of February, 2012.


Name: _____
Notary Public, STATE OF FLORIDA
Commission No.: _____
My Commission Expires: _____



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