

P9700044078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

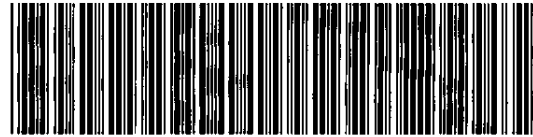
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Caleb's Place, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000044078

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

Please return all correspondence concerning this matter to the following:

Nancy P. Steinmetz

(Name of Person)

Caleb's Place, Inc.

(Name of Firm/Company)

P. O. Box 250

(Address)

Lady Lake, FL 32158

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Steinmetz

(Name of Person)

at ( 352 ) 753-9009

(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**

I, Sheila Rodriguez, hereby resign as Secretary/Treasurer  
(Title)

of Caleb's Place, Inc.  
(Name of Corporation)

P97000044078, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Sheila Rodriguez*  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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