

P98000053409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

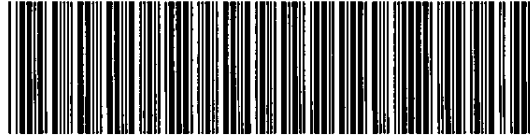
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 MAR 30 PM 1:32

C/L
4-3-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Elder Care Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000053409

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

Please return all correspondence concerning this matter to the following:

Lisa Kaufman-Bensmihen

(Name of Person)

United Elder Care Services, Inc.

(Name of Firm/Company)

4700 NW 2nd Avenue, Ste. 400

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Kaufman-Bensmihen at 561 989-0611

(Name of Person)

(Area Code & Daytime Telephone Number)

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**

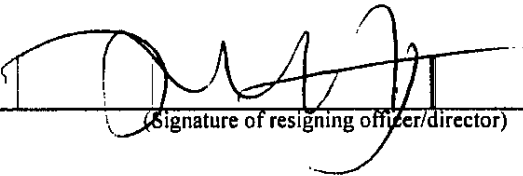
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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I, Joseph Bensmihen, hereby resign as President, Treasurer, Secretary & Director
(Title)

of United Elder Care Services, Inc
(Name of Corporation)

P98000053409, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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