

P99000019589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

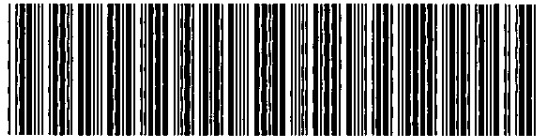
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 11 PM 12:56

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10 @ 12/15/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNION HOME CARE INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000019589

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

Please return all correspondence concerning this matter to the following:

JACQUELINE MILLAN

(Name of Person)

UNION HOME CARE INC.

(Name of Firm/Company)

12915 SW 21 STREET

(Address)

MIAMI, FL. 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE MILLAN

(Name of Person)

at (305) 788 3820

(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, JACQUELINE MILLAN, hereby resign as PRESIDENT
(Title)

of UNION HOME CARE INC.
(Name of Corporation)

P99000019589, 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

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