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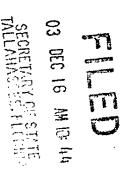
(Re	questor's Name)	
		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: South Floridatamily Centers Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\psi 99000058950
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Damaris Baez (Name of Person)
South FI Family Centers Inc. (Name of Firm/Company)
4983 N. University Drive (Address)
Lauderhill F 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
Damoris Baez at (954) 742-8810 (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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Mayra Per	ez	hereby resign as_	Vice-Presi	den + Fir	ontal frior
of South F	lorida Fam	ly Conter	Inc.	,	
' (Document Number,	58950 , a corpor	ration organized un	der the laws of the	e State of	
Florida	· · · · · · · · · · · · · · · · · · ·		·	OS TALL	7
	M Cyfighature of	US resigning officer/direc	tor)	RETARY OF STATE	

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