

P06000091006

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : AIA REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

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REGISTERED AGENT RESIGNATION

BLUE VISTA HOME HEALTH INC.

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, A1A REGISTERED AGENT INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for BLUE VISTA HOME HEALTH INC.
(Name of Corporation)

P06000091006
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Tina Maki
(Signature of Resigning Agent)

If signing on behalf of an entity:

TINA MAKI
(Typed or Printed Name)

PRESIDENT
(Capacity)

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Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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