

66000 100328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

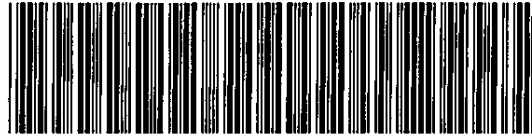
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROBERTO R. RUELO*

ATTORNEY AT LAW
16409 ASHWOOD DRIVE
TAMPA, FLORIDA 33624-1152

813/963-7648
FAX 813/963-7840

*ALSO ADMITTED IN ILLINOIS

March 14, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CHARLIE'S HOME CARE, LLC
Document No. L06000100328

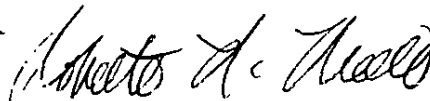
Dear Sir/Madam:

On behalf of the above-named Florida limited liability company, I
enclose the following:

1. A duly completed Form CR2E079 (Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company).
2. A duly completed Resignation of Registered Agent for a Limited Liability Company.
3. A duly completed INHS18 (Statement of Change of Registered Office or Registered Agent or Both for a Limited Liability Company).
4. A duly completed Articles of Amendment to Articles of Organization.
5. A check for \$160.00 made payable to the Florida Department of State as filing fees for the above documents.

Should you have any questions, please let me know. Thank you.

Sincerely,



Roberto R. Ruelo

Enclosures

BY U.S. POSTAL SERVICE EXPRESS MAIL

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TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

EVELYN D. DE LA CRUZ, hereby resigns as
(Name of Registered Agent)

Registered Agent for CHARLIE'S HOME CARE, LLC

(Name of Limited Liability Company)

L06000100328

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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.

E. de la Cruz
(Signature of Resigning Agent)

EVELYN D. DE LA CRUZ

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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