

L13000067110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2013

J. BRYAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A CARE CENTER CELLULAR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000067110

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN MOLT
Name of Person

CORPORATION SERVICE COMPANY
Name of Firm/Company

80 STATE STREET 10TH FL
Address

ALBANY NY 12207
City/State and Zip Code

RMOLT@CSCINFO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN MOLT at (518) 433-7018
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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,

CORPORATION SERVICE COMPANY

Name of Registered Agent

, hereby resigns as

Registered Agent for

A CARE CENTER CELLULAR LLC

Name of Limited Liability Company

L13000067110

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.

CORPORATION SERVICE COMPANY

Robin Molt

Signature of Resigning Agent

If signing on behalf of an entity:

ROBIN MOLT

Typed or Printed Name

asst secretary

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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