

L13000018153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

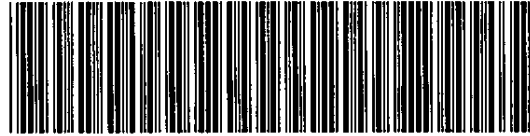
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800277581458

09/30/15--01018--011 \*\*85.00

FILED  
2015 SEP 30 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 02 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Univita Homecare Solutions, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000018153

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  
Address

ALBANY NY 12207  
City/State and Zip Code

ROBIN.MOLT@CSCGLOBAL.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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**CORPORATION SERVICE COMPANY**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Univita Homecare Solutions, LLC**

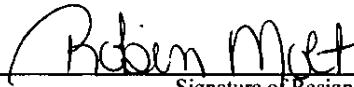
Name of Limited Liability Company

**L13000018153**

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.



Signature of Resigning Agent

If signing on behalf of an entity:

**ROBIN MOLT**

Typed or Printed Name

**ASST SECRETARY**

Capacity

**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

2015 SEP 30 PM 2:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA