## 584156

(Address)  (Address)  (City/State/Zip/Phone #)		
(City/State/Zin/Phone #1)		
(Oity/Otato/Zip/i Hone #)		
PICK-UP WAIT MAIL		
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SECRETARY OF STATE
OF VISION OF CORD ORATIO

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T. BROWN

## **COVER LETTER**

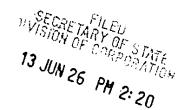
то:	Amendment Section Division of Corporations	
SUBJ	ECT: Nurses PRN of Chicago, I	nc.
	(Name of Corporat	ion)
DOC	UMENT NUMBER: 584156	
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to t	he following:
Da	vid M. Rieth	
	(Name of Person)	-
Rie	eth & Ritchie, P.A.	
	(Name of Firm/Company)	-
100	09 West Cleveland Street	
-	(Address)	-
Tai	mpa, Florida 33606 (City/State and Zip Code)	-
For fu	orther information concerning this matter, please call:	
Da	vid M. Rieth (Name of Person)  at (Area Code) (Area Code)	472-7333 & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

T .

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



## 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, David M. Rieth
(Name of Registered Agont)
hereby resigns as Registered Agent for Nurses PRN of Chicago, Inc.
(Name of Corporation)
584156
(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.
Mism. Sau
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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