

595019

(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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12/27/10--01042--023 **320.00

10 DEC 27 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

PR Sign
1/3/11

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

December 20, 2010

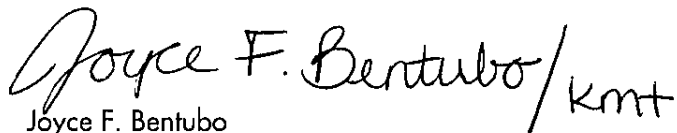
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT -
SNAPPER CREEK NURSING HOME, INC.
PALMETTO EXTENDED CARE CENTER, INC.
JACKSON MANOR NURSING HOME, INC.
J.A.S.P., INC
EASTMAN REHAB CENTER, INC.
ARCH CREEK NURSING HOME, INC.
WINDSOR FINANCIAL GROUP, INC.
WESTSHORE LANDINGS HOLDING CO., LLC
HLS HOLDINGS, LLC
K&I PROPERTIES, LLC

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities.
Also enclosed is Carlton Fields' Check No. 6141 totaling \$320.00 for the filing fees for these entities.

Very Truly Yours,


Joyce F. Bentubo
Secretary

JFB/kmt
Enclosures

**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, CFRA, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for SNAPPER CREEK NURSING HOME, INC.

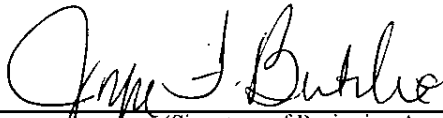
(Name of Corporation)

595019

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Joyce F. Bentubo

(Typed or Printed Name)

Secretary

(Capacity)

10 DEC 27 PM 4:06
RECEIVED
TALLAHASSEE, FL 32314

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