

712033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

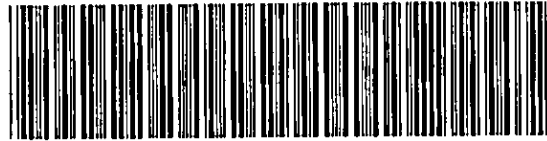
(Business Entity Name)

(Document Number)

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20 JAN 13 AM 11:25

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G. J. J. J. J.

COVER LETTER

RECEIVED
FLORIDA DEPARTMENT OF STATE
20 JAN 13 AM 11:25

TO: Amendment Section
Division of Corporations

SUBJECT: The Jerome Golden Center for Behavioral Health, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 712033

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Laquenta Porte

(Name of Person)

The Jerome Golden Center for Behavioral Health, Inc.

(Name of Firm/Company)

1041 48th Street

(Address)

Riviera Beach, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

Laquenta Porte

(Name of Person)

at (561

383-8000

(Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

20 JAN 13 AM 11:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, David Light

(Name of Registered Agent)

hereby resigns as Registered Agent for The Jerome Golden Center for Behavioral Health, Inc.

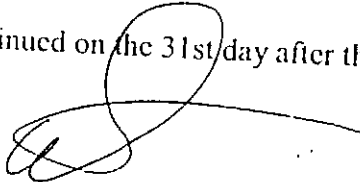
(Name of Corporation)

712633

(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:

David Light

(Typed or Printed Name)

NA

(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