

F03000002053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

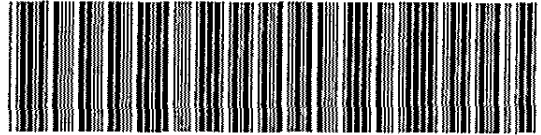
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Withdr.*

2. ~~06/14/04~~ JUN 16 2004

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dependable Nursing Service, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** FD300000 2053

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Bertha Leverette  
(Name of Person)

Dependable Nursing Service, Inc.  
(Firm/Company)

P.O. Box 452785  
(Address)

Kissimmee, FL 34745  
(City/State and Zip code)

For further information concerning this matter, please call:

Bertha Leverette at (407) 927-1980  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Dependable Nursing Service, Inc.  
(Name of Corporation)

FD3000002053  
(Document Number of Corporation (if known))

North Carolina  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P.O. Box 452785  
(Mailing Address)

Kissimmee, FL 34745  
(City/ State /Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Beth Leavette  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

6/17/04  
(Date)

Bertha Leavette  
(Typed or printed name of person signing)

Chairman  
(Title of person signing)

**FILING FEE \$35**