## F09000002574

(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:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
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Office Use Only



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S. HAWKES

AUG - 2012

EXAMINER





August 15, 2012

Florida Department of State Amendment Section Divisionof Corporations P.O. Box 6327 Taliahassee, FL 32314

To Whom It May Concern:

Attached please find the completed paperwork to withdraw our corporation from doing business in the state of Florida, corporate number F09000002574. Our business closed as of March 20, 2012 but we found that the paperwork to withdraw from Florida had not been filed by our attorney at that time. Sorry for any inconvenience this may have caused. Appreciate your help with this matter.

Sincerely,

Charlene Wilson, CPA

Nurses Registry and Home Health

Charlene Wilson

## **COVER LETTER**

	mendment Section ivision of Corporations		
SUBJEC	Numana Dagiata (9.1	Home Health [	DBA NR Home Health
002020		(Name of Corporat	ion)
DOCUM	ENT NUMBER: F090000	002574	
	osed withdrawal application and turn all correspondence concerning		<del>-</del>
	Charlene Wilson		
-		(Name of Person)	
	Nurses Registry and	d Home Hea	Ith Corporation
-		(Firm/Company)	
	101 Venture Court S	Suite 1A	
-		(Address)	
	Lexington, KY 405 <sup>2</sup>	11-2615	
-	((	City/State and Zip co	de)
For furthe	er information concerning this mat	tter, please call:	
	lene Wilson		255-4411
Enclosed	(Name of Person) is a check for the amount:		Code & Daytime Telephone Number)
<b>[</b> ]\$35 Fi	iling Fee \$\bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL, 32301

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

<b> </b>				
Nurses Registry and Home Health	A SO ME			
(Name of Corporation)				
F09000002574	PACO PALO			
(Document Number of Corporation (if known)				
Kentucky				
(Incorporated Under Laws	s of)			
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceeding the time it was authorized to transact business or conduct affairs in the following is a current mailing address for the corporation:  101 Venture Court Suite 1A  (Mailing Address)  Lexington, KY 40511-2615	t affairs in Florida.  n Florida to accept service on its behalf and tess based on a cause of action arising during			
(City/ State /Zip)				
The corporation agrees to notify the Department of State in the further department of State in the further department of State in the further department of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ature of any change in its mailing address.  8/9/12  (Date)			
Charlene Wilson	CPA			
(Typed or printed name of person signing)	(Title of person signing)			

**FILING FEE \$35**