F100000005050

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COVER LETTER

	endment Section sion of Corporations	
	HOMELAND HEALTHCARE INC	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	(Name of Corporation)
DOCUMEN	NT NUMBER: F10000005056	
The enclose	d withdrawal application and f	ee are submitted for filing.
Please return	n all correspondence concerning e following:	this
RE	BA J. LEONARD	
	***	(Name of Person)
НС	MELAND HEALTHCARE, LLC	
		(Firm/Company)
825	5 MARKET STREET, SUITE 300	
		(Address)
AL	LEN, TEXAS 75013	
	(Ci	ity/State and Zip code)
For further i	nformation concerning this matte	er, please call:
CHRISTY FO	PRTENBERRY	at (469) 324-5242
Enclosed is	(Name of Person) a check for the amount:	(Area Code & Daytime Telephone Number)
\$35 Filin	g Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL. 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL.32314

P.O. Box 6327

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

(Name of Corporation)	
F10000005056	
(Document Number of Corporation	(if known)
TEXAS	
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
825 MARKET STREET, SUITE 300	2016 TAL
(Mailing Address)	
ALLEN, TEXAS 75013	55 J
(City/ State /Zip)	F LONGO
The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
Boba Messarch	1/29/2016
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
REBA J. LEONARD	VP, SECRETARY & TREASURER
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

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HOMELAND HEALTHCARE, INC