

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
CARESINC, INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H20000106717 3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, THOMAS P. MCNAMARA

(Name of Registered Agent)

hereby resigns as Registered Agent for CARESYNC, INC.

(Name of Corporation)

FI1000003824

(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.

minated and the office discontinued on the
filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

THOMAS P. MCNAMARA

(Typed or Printed Name)

(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withdrawn corporation**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