

F13347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

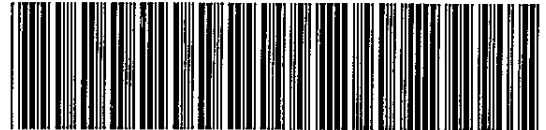
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/05--01022--018 **70.00

FILED
05 APR 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
64 205

April 8, 2005

RE: CARDSERVICES, LLC (FL.DOM.)
SOLEUS HEALTHCARE SERVICES OF FLORIDA, INC. (FL.DOM.)

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

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$70.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary
TA/lk
Enclosure

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of Registered Agent)

hereby resigns as Registered Agent for SOLEUS HEALTHCARE SERVICES OF FLORIDA, INC. (FL DOM.)
(Name of Corporation)

F13347

(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:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 12 AM 10:46

FILED

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withdrawn corporation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