

F95000004069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

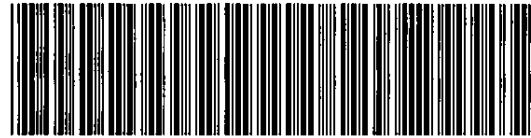
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/10/10-01027-002 **175.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2ND NOV 10 P 3:55

FILED

RA Resign
Tewars
11-12-10

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

November 8, 2010

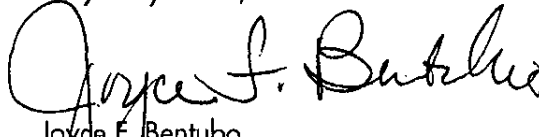
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT –
LIFELINE HEALTH CARE OF SOUTH FLORIDA, INC
LIFELINE HEALTH CARE OF CENTRAL FLORIDA, INC
LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC
LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC
LIFELINE HEALTH CARE OF NORTH FLORIDA, INC

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 496536 in the amount of \$175.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo
Secretary

JFB/kmt
Enclosures

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2010 NOV 10 P 3:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Florida Statutes, the undersigned, CFRA, LLC

(Name of Registered Agent)

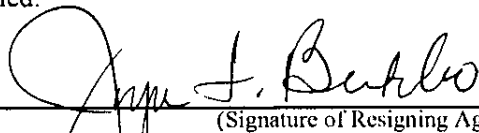
hereby resigns as Registered Agent for Lifeline Health Care of Northeast
(Name of Corporation) Florida, Inc.

F95000004069

(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:

Joyce F Bentubo

(Typed or Printed Name)

Secretary

(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**