F96000005373

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	→ #)		
PICK-UP	TIAW	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
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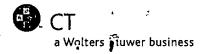
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SEURETARY OF STATE
TALLAHASSEE, FIGURE

gr nA



CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

August 3, 2006

RE: PINDAR SYSTEMS INC. (DE. DOM.)
PLACE MANAGEMENT GROUP, INC. GA. DOM.)
SALEM NURSING & REHAB CENTER OF
OMESTEAD, INC. (GA. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of <u>\$ 105.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld Enclosure RPP

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or	r 617.15	09,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM.			
	(Name of Registered Agent)			
	SALEM NRSING & REHAB CENTER	OF		
hereby resigns as Registered Agen	t for HOMESTEAD INC (GA DOM) (Name of Corporation)			,
F96000005373				
(Document Number, if known)				
A copy of this resignation was mai	led to the above listed corporation at its las	t knowi	n addi	ress.
The agency is terminated and the o	ffice discontinued on the 31st day after the	date on	whic	:h
	he Olf	ΙĀ	90	
	(Signature of Resigning Agent)			
If signing on behalf of an entity:		VE IARY VHASSE	AUG I 4	
C T CORPO	DRATION SYSTEM - THERESA ALFIERI	E FI	PH	П
	(Typed or Printed Name)	TATE	ဒ္ <u>.</u> ဒ၂	U .
	ASSISTANT SECRETARY			100 42
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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