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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OF JAN -3 PM 3: 59

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Medcare Center L.C. (Name of Limited Liability Company)
DOCUMENT NUMBER: LØØØØØ012932
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul A. Elliott (Name of Person)
25 W. Highpoint Road (Name of Firm/Company)
(Address)
Stuart, Florida 34996 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul A. Elliott at (772) 285-7310 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



## RESIGNATION OF REGISTERED AGENT FOR A LIMPFED-3 PH 3: 59 LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2)	or 608.509, Florid	ia Statutes, the undersigned,
Paul A. El	liott		, hereby resigns as
(1	Name of Registered Agent)		
Registered Agent for	Med care	Center	L.C.
	(Name of Limited	d Liability Company	•
L8000001293		_	
(Document Number	r, if known)		
A copy of this resignation	was mailed to the above	ve listed limited li	ability company at its last known address.
The agency is terminated a	Val	nued on the 31st of	lay after the date on which this statement is filed.
If signing on behalf of an	entity:		
_	Paul A.	Elliott	
_	(Туре	ed or Printed Name)	
	MGRM		
_		(Capacity)	<del></del>

**FILING FEES:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314