

LO10000014300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

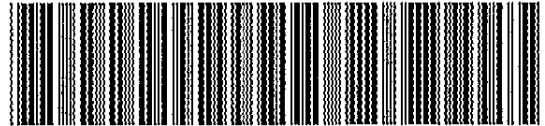
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300020879373

06/23/03--01058--019 **85.00

SECRETARY OF STATE
TALLAHASSEE, FL 32301

03 JUN 27 PM 1:10

FILED

LO10000014300
6-27-03
WARS CM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFFINITY CARE SERVICES LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: LD1 000014300

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:

Eileen MOORMAN
(Name of Person)

(Name of Firm/Company)

P.O. Box 647-20415 Lake Patience Rd
(Address)

Land O Lakes, FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen MOORMAN at (813) 714-3734
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Eileen MOORMAN, hereby resigns as
(Name of Registered Agent)

Registered Agent for AFFINITY CARE SERVICES LLC.
(Name of Limited Liability Company)

#L01000014300
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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.

Eileen Moorman
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
03 JUN 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

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withdrawn limited liability company

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