# L02000024353

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PICK-UP WAIT MAIL		
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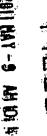
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C. LEWIS MAY 1 0 2011 **EXAMINER** 

## **COVER LETTER**

•		2 copies
TO: Amendment Section Division of Corporations		2 copies Place return Demplete presicopy
SUBJECT: Name	NP CARE, LLC e of Limited Liability Company	U /
DOCUMENT NUMBER:	L02000024353	<u> </u>
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability	y Company and fee are submitted
Please return all correspondence concern	ning this matter to the follow	ring:
Mary Fink Name of Person		
National Corporate Research		
Name of Firm/Company	у	
615 South DuPont High Address	nway	
Dover, DE 19901 City/State and Zip Code	e	
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this	matter, please call:	
Mary Fink Name of Person	at ( <u>800</u> ) <u>483</u> Area Code & Daytim	-1140, ext 3017 ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 608.416(2) or 608.509, Florida Statutes, the un	ndersigned,
National Corp	orate Research, Ltd., Inc. , hereby r	esigns as
	e of Registered Agent	
Registered Agent for	NP CARE, LLC	
	Name of Limited Liability Company	
L02000024	353	
Document Number,	if known	
A copy of this resignation wa	s 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.
	Aml A. Luly Signature of Resigning Agent	TALLAND SECRET
If signing on behalf of an ent	ty:	N-9 MIN MASSEE.FL
	Andrew Lundgren	OF STATE
	Typed or Printed Name	SE 5
	Vice-President, NCR, LTD., Inc.	RATE SO
	Capacity	7

### 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