# L02-0000 34646

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Certified Copies	Certificates of Status	
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C. CAPPON

## **COVER LETTER**

Bradenton Council on Aging, LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L02000034646	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Ed Hurt	
Name of Person	
Bradenton Council on Aging, LLC	
Name of Firm/Company	
1311 SW 16TH STREET	
Address	
GAINESVILLE, FL 32608-1128	
City/State and Zip Code	
ehurt@floridacare.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ed Hurt 352	376-9518
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	15, Florida Statutes, the	undersigned,	
Deborah L. Moskowitz		, hereby resigns as	
Name of Registered Age			
Registered Agent for Bradenton Council	l on Aging, LLC		_
Name of Lir	mited Liability Company		,
L02000034646			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the	above listed limited lia	ibility company at its last known addres	is.
The agency is terminated and the office disc	ontinued on the 31st da		is filed.
If signing on behalf of an entity:	-		THE STATE OF THE S
			A TI
	Typed or Printed Name	18 T.	5
	Capacity		H C
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\$ 85.00 \$ 25.00	G FEES: Active limited liabi Administratively di withdrawn limited	ility company issolved/ voluntarily dissolved/ liability company	

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