

103000004747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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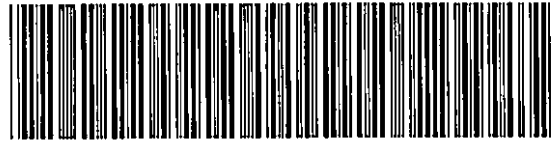
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TALLAHASSEE FLORIDA

D BRUCE  
JUL 26 2018

LAW OFFICES  
**MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.**

800 CORPORATE DRIVE • SUITE 500  
FORT LAUDERDALE, FLORIDA 33334

MICHAEL W. MOSKOWITZ<sup>1</sup>  
SCOTT E. SIMOWITZ<sup>1</sup>  
CRAIG J. MANDELL  
WILLIAM G. SALIM, JR.<sup>\*\*</sup>  
SCOTT M. ZASLAV<sup>\*</sup>  
ARI J. GLAZER<sup>\*</sup>  
TODD A. ARMBRUSTER  
ARTHUR E. LEWIS

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ALSO ADMITTED IN NY & DC<sup>\*</sup>  
ALSO ADMITTED IN MA<sup>\*\*</sup>  
ALSO ADMITTED IN NY & CT<sup>\*</sup>  
ALSO ADMITTED IN NY<sup>\*</sup>

CERTIFIED CIRCUIT COURT MEDIATOR<sup>1</sup>

July 17, 2018

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

Re: Resignations as Registered Agent

Dear Sir or Madam:

Enclosed please find a Statement of Resignation of Registered Agent for a Limited Liability Company for each of the following entities:

1. Comprehensive Home Care of Hillsborough, LLC;
2. Comprehensive Home Care of Hernando, LLC;
3. Comprehensive Home Care of Palm Beach, Inc.
4. Comprehensive Home Care of Broward, LLC;
5. Comprehensive Home Care of Pinellas/Pasco, LLC;
6. Comprehensive Home Care of Southwest Florida, LLC;
7. Distinctive Home Care, LLC;
8. SLC Management & Support Services, LLC;
9. Distinctive Home Care of Palm Beach, LLC;
10. C Plus of Palm Beach, LLC;
11. Polaris Management, LLC;
12. Comprehensive Home Care of Polk, LLC;
13. Distinctive Home Care of Central Florida, LLC;
14. Distinctive Home Care of West Coast Florida, LLC;
15. Distinctive Home Care of Southwest Florida, LLC;
16. Professional Care Rehab, Inc.;
17. Morning Star Rehab, Inc.;
18. Comprehensive Plus, Inc.;
19. Changing Tides Home Health, Inc.; and
20. Comprehensive Wellness Services, Inc.

BROWARD (954) 491-2000  
BOCA RATON (561) 750-7700  
TELECOPIER (954) 491-2051  
EMAIL [mmss@mmslaw.com](mailto:mmss@mmslaw.com)

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OF COUNSEL

SHIRLEY D. WEISMAN, P.A.

Michael W. Moskowitz  
[mmoskowitz@mmslaw.com](mailto:mmoskowitz@mmslaw.com)  
Direct (954) 776-9211

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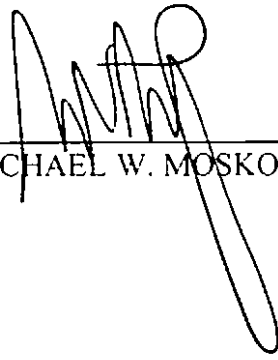
July 17, 2018  
Page 2

Also enclosed is a check in the total amount of \$1,600.00, representing a filing fee of \$1,215.00 for the limited liability companies, and a filing fee of \$385.00 for the corporations.

Should you have any questions or comments, please do not hesitate to contact the undersigned.

Very truly yours,

MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

BY:   
MICHAEL W. MOSKOWITZ

MWM/cl

Enclosure

**FILED**  
2010 JUL 20 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comprehensive Home Care of Hillsborough, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000004747

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:

Garrett W. Bragg

\_\_\_\_\_  
Name of Person

Comprehensive Home Care

\_\_\_\_\_  
Name of Firm/Company

6450 NW 5th Way

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33309

\_\_\_\_\_  
City/State and Zip Code

gbragg@cwshomehealth.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrett W. Bragg

\_\_\_\_\_  
Name of Person

at ( 954 )  
Area Code

834-2222

\_\_\_\_\_  
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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2011 JUL 20 PM 4:42  
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TALLAHASSEE FLORIDA

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael W. Moskowitz, hereby resigns as

Name of Registered Agent

Registered Agent for Comprehensive Home Care of Hillsborough, LLC

Name of Limited Liability Company

L03000004747

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.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**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

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