

203000004765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

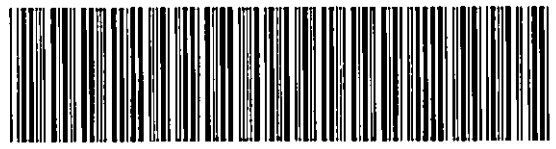
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D BRUCE  
JUL 26 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

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

**DOCUMENT NUMBER:** L03000004765

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

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 Hernando, LLC

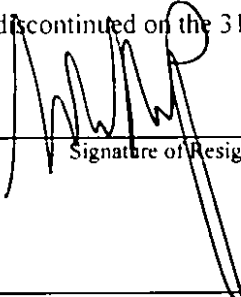
Name of Limited Liability Company

L03000004765

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2018 JUL 20 PM 4:42

**FILED**

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Division of Corporations  
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Tallahassee, FL 32314