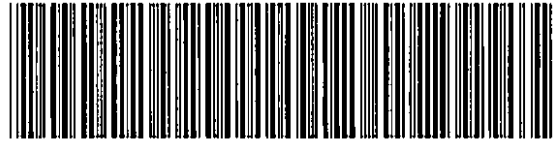


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

n BRUCE
JUL 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Home Care of Pinellas/Pasco, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000006901

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 at (954) 834-2222
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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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2010 JUL 20 PM 4:42
SECRETARY OF STATE
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 Pinellas/Pasco, LLC

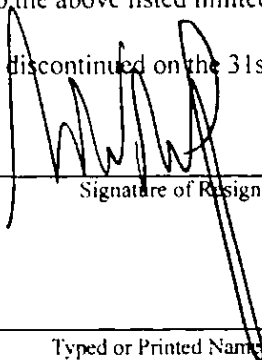
Name of Limited Liability Company

L03000006901

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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