

LO3 00000 6901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

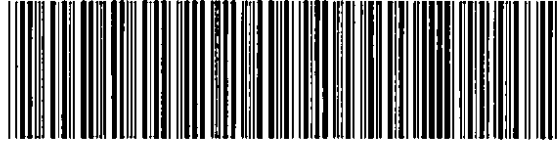
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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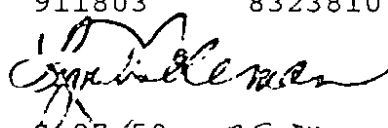
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 911803 8323810  
AUTHORIZATION :   
COST LIMIT : \$ ~~87.50~~ 25.00

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ORDER DATE : July 31, 2023  
ORDER TIME : 11:16 AM  
ORDER NO. : 911803-005  
CUSTOMER NO: 8323810

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CHANGE OF AGENT

NAME: COMPREHENSIVE HOME CARE OF  
PINELLAS/PASCO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## 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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT

Name of Person

at ( 800 ) 927-9801  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

CORPORATION SERVICE COMPANY \_\_\_\_\_, 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.

*Eyliena Baker*  
Assistant Vice President

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

If signing on behalf of an entity:

BY EYLIENA BAKER  
\_\_\_\_\_  
Typed or Printed Name  
VICE PRESIDENT  
\_\_\_\_\_  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 - Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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