

LD7000095388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

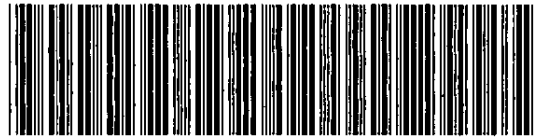
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400134139314

08/11/08--01032--006 **25.00

08/22/08--01005--014 **60.00

08 AUG 20 AM 10:52

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FF #85

RA
res.

sf
8/26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2008

J. CHRISTOPHER ROBBINS, ESQ.
ROBBINS EQUITAS, P.A.
2639 DR. MLK JR. STREET NORTH
ST. PETERSBURG, FL 33704

SUBJECT: NCH OF CENTRAL FLORIDA, LLC
Ref. Number: L07000095388

We have received your document for NCH OF CENTRAL FLORIDA, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

An additional fee of \$60 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 508A00045804

2008 AUG 20 14 48 00
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NCH OF CENTRAL FLORIDA, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L07000095388

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:

J. Christopher Robbins, Esq.
(Name of Person)

Robbins Equitas, P.A.
(Name of Firm/Company)

2639 DR. MLK JR. STREET NORTH
(Address)

St. Petersburg, Florida, 33704
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Ostman at (727) 822-8696
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Robbins Equitas, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **NCH OF CENTRAL FLORIDA, LLC**

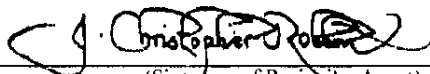
(Name of Limited Liability Company)

L07000095388

(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:

Robbins Equitas, P.A.

(Typed or Printed Name)

President

(Capacity)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
08 AUG 20 AM 10:52

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