

05/12/2033 05:22

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L07000098174

Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT RESIGNATION
ONE STOP CARE NETWORK LLC**

Certificate of Status	0
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Page Count	02
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

LAZARO MOREIRA

Name of Registered Agent

, hereby resigns as

Registered Agent for ONE STOP CARE NETWORK LLC


Name of Limited Liability Company

L07000098174

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	withdrawn limited liability company

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