

LO7000108625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

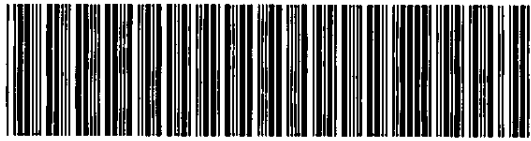
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000261533950

*Resignation  
OO RA*

06/24/14--01019--013 \*\*85.00

FILED  
2014 JUN 24 PM 1:13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

*DR  
7/10/14*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Express Home Health Care Agency, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000108625

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:

Sura Ismael  
Name of Person

Name of Firm/Company

4319 S. Florida Ave Suite 102  
Address

Lakeland, FL 33813  
City/State and Zip Code

sura4expresshhcllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sura Ismael at ( 813 ) 476-5424  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

FILED  
2014 JUN 24 PM 1:13  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**Hunter Business Law**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **Express Home Health Care Agency, LLC**

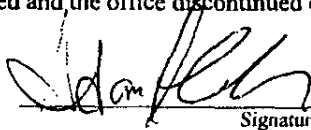
\_\_\_\_\_  
Name of Limited Liability Company

**L07000108625**

\_\_\_\_\_  
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:

**Adam Hersh**

\_\_\_\_\_  
Typed or Printed Name

**Attorney**

\_\_\_\_\_  
Capacity

**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**