

108000008332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

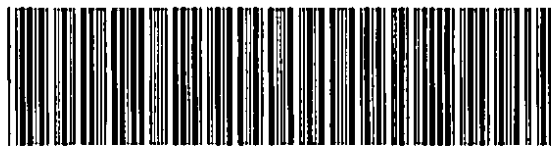
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17 JUL 26 AM 10:56  
CLERK OF DISTRICT COURT  
FALL RIVER, MASSACHUSETTS

S. WARREN

JUL 28 2017



**REGISTERED AGENT**  
SOLUTIONS INC

*Corporate Office*  
1701 Directors Blvd.  
Suite 300  
Austin, TX 78744

(888) 705-7274    *Phone*  
(888) 706-7274    *Fax*  
[www.rasi.com](http://www.rasi.com)    *Web*

July 21, 2017

Florida Secretary of State  
Amendment Section  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

RE:    Entity Resignations

To Whom It May Concern:

Registered Agent Solutions, Inc. hereby resigns as registered agent for the attached entities. Written notice of resignation was given to the attached entities by delivering such notice to the entities at their last known addresses. Enclosed please find the following for filing with the Florida Secretary of State:

- One original and one copy of the Resignation of Registered Agent statement.
- \$25.00 for Inactive entity.

Please file immediately the enclosed, and return a file-stamped copy of each resignation to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274.

Sincerely,

Mary Castillo  
Registration Specialist  
Registered Agent Solutions, Inc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POAH NEW HORIZONS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000008332

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:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Name of Firm/Company

1701 Directors Blvd., Ste 300

Address

Austin, Texas 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Person

at ( 888 ) 705-7274

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

REGISTERED AGENT SOLUTIONS, INC., hereby resigns as

Name of Registered Agent

Registered Agent for POAH NEW HORIZONS, LLC

POAH NEW HORIZONS, LLC


Name of Limited Liability Company

L08000008332

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:

Justine Karnell

Typed or Printed Name

Assistant Secretary

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

17 JUL 26 AM 10:54

FILED