

1080000726608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

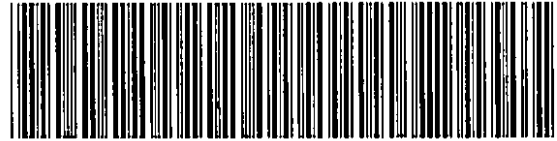
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

BRUCE  
JUL 26 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Distinctive Home Care of Palm Beach, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000072668

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:

Garrett W. Bragg

Name of Person

Comprehensive Home Care

Name of Firm/Company

6450 NW 5th Way

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

gbragg@cwshomehealth.com

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

For further information concerning this matter, please call:

Garrett W. Bragg

Name of Person

at (

954

) Area Code

834-2222

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Michael W. Moskowitz

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Distinctive Home Care of Palm Beach, LLC

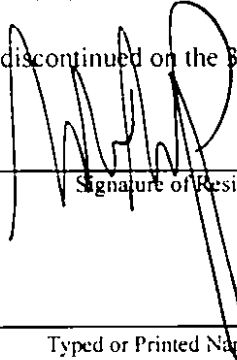
\_\_\_\_\_  
Name of Limited Liability Company

L08000072668

\_\_\_\_\_  
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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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