

L09000041624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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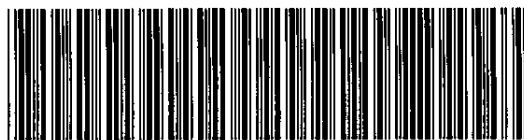
(Business Entity Name)

(Document Number)

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09 MAY -8 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**G. HARVEY**

MAY 08 2009

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Authentic Home HealthCare LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 209000041624

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:

Brian Kantor  
Name of Person

Authentic Home HealthCare LLC  
Name of Firm/Company

1001 N. PENNSA Hwy Suite 322  
Address

HAULMOORE BEACH FL 33009  
City/State and Zip Code

Authentic Home HealthCare LLC  
Authentic Home HealthCare LLC  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Kantor at (305) 705.3375  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

## 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,

STEVE MOSCOVITCH

Name of Registered Agent

, hereby resigns as

Registered Agent for Authentic Home Healthcare LLC

Name of Limited Liability Company

LOG000041624

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.

Steve Moscovitch

Signature of Resigning Agent

If signing on behalf of an entity:

N/A

Typed or Printed Name

Capacity

FILED  
09 MAY - 8 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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