

LO9000098900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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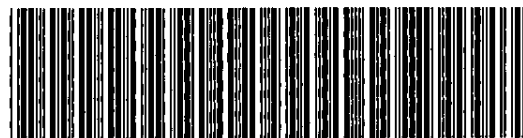
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN - 9 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Care Family Health, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1 00000000000

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:

Kristen J. Touhey
Name of Person

All Care Family Health, LLC c/o Lee County Medical
Name of Firm/Company

3822 Broadway Avenue
Address

Fort Myers, Florida 33901
City/State and Zip Code

www.medicalsolutions@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen J. Touhey at (239) 274-3004
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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CLERK OF STATE
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,

Michael B. Holden, PA

Name of Registered Agent

, hereby resigns as

Registered Agent for

All Care Family Health, LLC

Name of Limited Liability Company

L09000098900

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

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

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE