

L090000100172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Resignation  
of RA*

FILED

2010 JAN -5 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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2010 JAN -5 AM 10:37

\*00789, 00624, 00672



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 239883 4304417

AUTHORIZATION

COST LIMIT \$ 85.00

*Spurlock*

ORDER DATE : January 4, 2010

ORDER TIME : 8:41 AM

ORDER NO. : 239883-005

CUSTOMER NO: 4304417

DOMESTIC FILINGS

NAME: SEASONS PALLIATIVE CARE OF  
PINELLAS COUNTY, LLC

XX RESIGNATION OF REGISTERED AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2010

CSC  
Atten: Kimberly Moret  
1201 Hays Street  
Tallahassee, FL 32301

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: SEASONS PALLIATIVE CARE OF PINELLAS COUNTY, LLC  
Ref. Number: L09000100172

We have received your document for SEASONS PALLIATIVE CARE OF PINELLAS COUNTY, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 010A00000218

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DIVISION OF CORPORATIONS  
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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

**FILED**  
2010 JAN -5 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Corporation Service Company

Name of Registered Agent

, hereby resigns as

Registered Agent for Seasons Palliative Care of Pinellas County, LLC

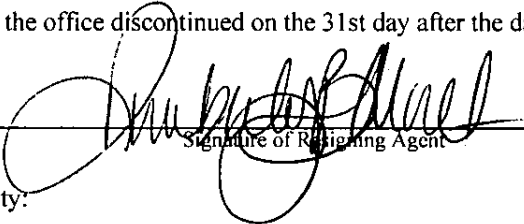
Name of Limited Liability Company

L09000100172

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:

Kimberly B. Moret

Typed or Printed Name

Assistant Vice President

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**