

L11000093195 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

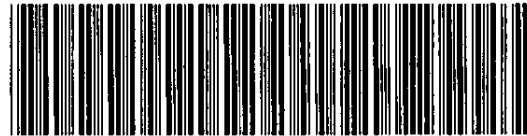
(Business Entity Name)

(Document Number)

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13 MAR 25 AM 9:18
TALLAHASSEE, FLORIDA

B. POSTICK

MAR 26 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HYLAN HOME CARE AGENCY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000093195

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:

DEBORAH DALEY OR ANDRE PIERRE
Name of Person

HYLAN HOME CARE AGENCY LLC
Name of Firm/Company

2170 NW 99TH TERRACE
Address

PEMBROKE PINES FL 33024
City/State and Zip Code

debbiedaley@gmail.com debbiedaley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORAH DALEY at (954) 558-8413
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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**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,

ANDRE JAMAAL PIERRE

Name of Registered Agent

, hereby resigns as

Registered Agent for HYLAN HOME CARE AGENCY LLC

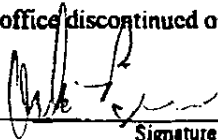
Name of Limited Liability Company

L11000093195

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:

ANDRE JAMAAL PIERRE

Typed or Printed Name

Capacity

GENERAL

MANAGER
REGISTERED AGENT

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

INHS17 (08/05)

TALLAHASSEE, FLORIDA

13 MAR 25 AM 9:18

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