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(Re	questor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
		
Special Instructions to I	Filing Officer:	
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\$5.00

SECRETARY OF STATE

FILED SECRETARY OF STATE GIVISION OF CORPORATION

· COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Care Monitoring 2000, LLC				
Name	of Limited Liability Company			
DOCUMENT NUMBER: L11000112	681			
The enclosed Resignation of Registered after filing.	Agent for a Limited Liability Company and (fee are su	bmitte	:đ
Please return all correspondence concern	ing this matter to the following:			
John S. Tsagaris				
Name of Person				
Name of Firm/Company				
• •				
2555 Enterprise Road Suite 10 Address	TO CAMPION OF THE CONTROL OF THE CON			
Address			,	
. Clearwater, FL 33763				
City/State and Zip Code	and stated and the control of the destruction and the state of the sta			
john@tdcpatax.com				
E-mail address: (to be used for future annua	l report notification)			
For further information concerning this n	natter, please call:			
Ellen Deuel	at (727) 444-0960			
Name of Person	Area Code Daytime Telephone Numl	ber		
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Department of State for \$85.00 for a istratively dissolved, voluntarily dissolved or	n active li r withdra	imited wn lin	nited
		250	ည်	SIAi
MAILING ADDRESS: Registration Section	STREET ADDRESS:	丰宝	MAY	豆윤
Division of Corporations	Registration Section Division of Corporations	-SE-	ŧ	97 77
P.O. Box 6327	Clifton Building	HR FER	ထ	
Tallahassee El 32314	2661 Evacutiva Cantar Circla	<u> </u>	· •	- PO

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	5, Florida Statutes, the unders	igned,			
Mary Maloney			hereby resigns as			
	Name of Registered Age		norvoy rooigno do			
Registered Agent for _	Care Monitoring 2000, L	rc				
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·		<u>,</u>	
L11000112681						
	Number, if known					
		above listed limited liability co				
The agency is terminal	ted and the office disco	ontinued on the 31st day after	the date on which th	is staten	nent is	filed.
	A.					
		Signature of Resigning Agent				
If signing on behalf of	an entite		•			
ir signing on ochan or	ar citity.					
•	7	yped or Printed Name				
	*	Capacity	- market by Arthorite and angular			
						ı
	FILING \$ 85.00 \$ 25.00	Active limited liability con Administratively dissolved	npany / voluntarily dissolv	ved/		<u>.</u>
		withdrawn limited liability	company *	SECRE SECRE	15 HAY	SECKET
	Make checks payat) ble to Florida Department of St Division of Corporations	ate and mail to:	JASSA VART	<u></u>	GE CON
		P.O. Box 6327 Taliahassee, FL 32314)F S	- P	- 경우 - 연구 (2
		(annina5500, FL 52514		HE THE	2: 5	RAI
INHS17 (2/14)			•	¥111	డ	10 K

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Mary Maloney	, hereby resigns as
	Name of Registered Agent
Registered Agent for _	Care Monitoring 2000, LLC
,	
	Name of Limited Liability Company
,	
L11000112681	
Document l	Number, if known
A copy of this resignat	ion was mailed to the above listed limited liability company at its last known address.
	ion was mailed to the above listed limited liability company at its last known address. ed and the office discontinued on the 31st day after the date on which this statement is file. Signature of Resigning Agent
	sed and the office discontinued on the 31st day after the date on which this statement is file
The agency is terminal	sed and the office discontinued on the 31st day after the date on which this statement is file

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

SECRETARY OF STATE

SECRETARY OF STAIL DIVISION OF CORPORATION