

L110000130376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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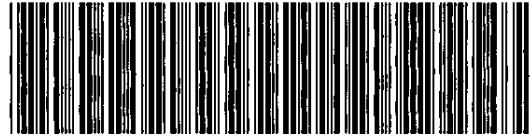
(Business Entity Name)

(Document Number)

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STATE ARCH OF STATE  
TALLAHASSEE, FLORIDA

MAR 27 2014

T. BROWN

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: HOMESTEAD URGENT CARE, LLC  
(Name of corporation)

DOCUMENT NUMBER L11000130376

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 Kaicher Pastran, Esq.  
333 NE 8<sup>th</sup> Street  
Homestead, FL 33030

For further information concerning this matter, please call:

Deborah Kaicher Pastran at (305) 246-2122.

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, Raul E. Pastran, hereby resigns as Registered Agent for Homestead Urgent Care, LLC, Document #L11000130376.

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.



Raul E. Pastran

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14 MAR 24 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA