

L11000/30378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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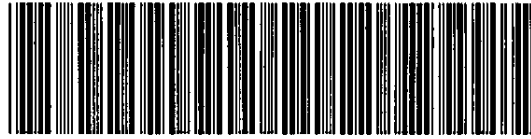
(Business Entity Name)

(Document Number)

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LLC
RA Resign

APR 10 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMESTEAD FAMILY MEDICAL CENTER, LLC
(Name of corporation)

DOCUMENT NUMBER L11000130378

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 8th 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Family Medical Center, LLC, Document #L11000130378.

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 31st day after the date on which this statement is filed.



Raul E. Pastran

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