

**LI2000106200**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**17 APR -3 AM 9:31**

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**APR 04 2017**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Broward County Home Health Care LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L120000106200

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:

Robert A. Stok  
Name of Person

Stok Folk + Kon  
Name of Firm/Company

18851 NE 29th Ave  
Address

Aventura, FL 33180  
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert A. Stok at (305) 935-4440  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:  
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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

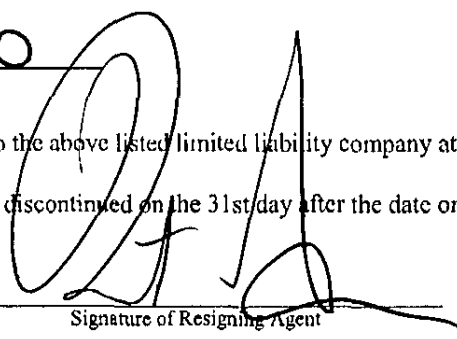
Stok Folk + Kon, hereby resigns as  
Name of Registered Agent

Registered Agent for Broward County Home  
Health Care LLC  
Name of Limited Liability Company

L12000106200  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

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