

L12000144555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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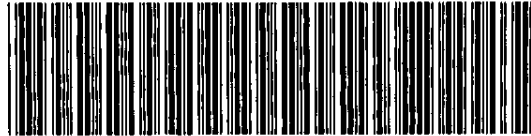
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

AIDA VILLAR
HARMONY ADULT CARE CENTER LLC
1172 S. GRAND HWY
CLERMONT, FL 34711

SUBJECT: HARMONY ADULT CARE CENTER LLC
Ref. Number: L12000144555

We have received your document for HARMONY ADULT CARE CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 715A00009381

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARMONY ADULT CARE CENTER LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L 12000144555

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:

AIDA VILLAR
Name of Person

HARMONY ADULT CARE CENTER LLC.
Name of Firm/Company

1172 S. GRAND HWY
Address

CLERMONT-FLA- 34711
City/State and Zip Code

CHARO86000@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AIDA VILLAR at (352) 431-1017
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Pedro E. Villafane, hereby resigns as
Name of Registered Agent

Registered Agent for HARMONY Adult CARE
CENTER LLC.
Name of Limited Liability Company

L 12000 144 555
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.

Pedro E. Villafane
Signature of Resigning Agent

If signing on behalf of an entity:

Pedro E. Villafane
Typed or Printed Name
MGRM 15
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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15 MAY 20 AM 5:12
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