

L13000041439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

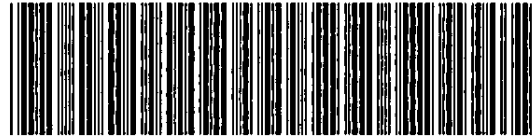
(Business Entity Name)

(Document Number)

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2013 JUN 28 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 1 - 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Abuelos Home Health Care LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 130000 41439

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:

ANA E. BATISTA
Name of Person

Abuelos Home Health Care LLC
Name of Firm/Company

7210 N. Manhattan Ave
Address

Tampa, FL 33614
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA E BATISTA at (813) 748-1304
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ANA E. BATISTA

Name of Registered Agent

, hereby resigns as

Registered Agent for Abuelo's Home Health Care LLC

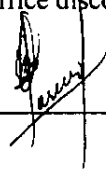
Name of Limited Liability Company

L13000041439

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.

X 

Signature of Resigning Agent

If signing on behalf of an entity:

ANA E. BATISTA

Typed or Printed Name

General Manager

Capacity

FILED
2018 JUN 28 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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