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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
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(Business Entity Name)							
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COVER LETTER

Division of Corporations
SUBJECT: Rose Maid Services Name of Limited Liability Company
DOCUMENT NUMBER: L13000108426
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:
Schesly Jules Name of Person
Rose Maid Services Name of Firm/Company
11570 NW 44 th St. Address
Coral Springs, FL 33065 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Schesly Jules at (954) 7087457 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.01	l 15, Florida	a Statutes, the	undersigned,				
Schesly	Jules			, hereby	resigns as			
Nar	ne of Registered As	gent			-			
Registered Agent for	Rose M	1aid	Serv	ces			-	
	Name of L	imited Liabil	ity Company	·			_,	
1 1 3 0 0 1 0 9 Document Number	7. • • • • • • • • • • • • • • • • • • •							
A copy of this resignation w	as mailed to the	e above list	ed limited lia	bility company	at its last kno	wn address.	•	
The agency is terminated an	d the office disc	continued o	on the 31st da	y after the date	on which this	statement i	s filed.	:
	S. P.	Signature	e of Resigning	Agent	_		SEP 29	· ·
If signing on behalf of an en	tity:						PH 1: 8	Emere E. P.
 -		Typed or Pri	inted Name		_	35		
		Capacit	ty		-	• .		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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