

L15000010928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 MAR 24 PM 3:58

O SIMMONS

MAR 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2017

CAROL HOLSTON
25576 NW 8TH RD
NEWBERRY, FL 32669

SUBJECT: HEALTHCAREWEAR, LLC
Ref. Number: L15000010928

We have received your document for HEALTHCAREWEAR, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 017A00003383

Legal Zoom

1-800-773-0888

ext: 7829

Simone

R. Indaba

2/23/17

Return to Carol Holston

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2017 MAR 24 AM 11:14

COLLEGE OF BUSINESS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2017

CAROL HOLSTON
25576 NW 8TH RD
NEWBERRY, FL 32669

SUBJECT: HEALTHCAREWEAR, LLC
Ref. Number: L15000010928

RECEIVED
2017 FEB 17 PM 12:23
TALLAHASSEE, FLORIDA

We have received your document for HEALTHCAREWEAR, 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 attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00001938

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legal Zoom -
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

CAROL M. HOLSTON
Name of Person

Health Care Wear
Name of Firm/Company

25576 NW 8th Rd.
Address

Newberry, FL 32669
City/State and Zip Code

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

For further information concerning this matter, please call:

CAROL M. HOLSTON at (352) 240-2284
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,

United States Corporation Agents, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for HEALTHCAREWEAR, LLC

Name of Limited Liability Company

L15000010928

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:

Cheyenne Moseley

Typed or Printed Name

Asst. Secretary

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

INHS17 (2/14)

FILED
17 MAR 24 PM 3:58