

415000199067

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S. WARREN

DEC 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDITERRANEAN HEALTH CARE 4 US LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000199067

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:

Jose Picot Coca

Name of Person

Mediterranean Health Care 4 Us LLC

Name of Firm/Company

7797 Berkshire Pines DR

Address

Naples, FL 34104

City/State and Zip Code

jpcjpc.esi@gmail.com

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

For further information concerning this matter, please call:

Francisco Canizares 239 777 3643

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CANIZARES, JAVIER, hereby resigns as
Name of Registered Agent

Registered Agent for MEDITERRANEAN HEALTH CARE 4 US LLC

Name of Limited Liability Company

L15000199067

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.

Javier Canizares
Signature of Resigning Agent

If signing on behalf of an entity:

Joe Picot Cook
Typed or Printed Name

Manager
Capacity

FILED
17 DEC 22 PM 2:20
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withdrawn limited liability company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