

LI6000227740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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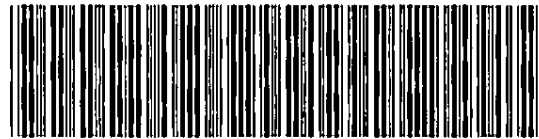
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN  
FEB - 4 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDUCATING HANDS CARE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000227740

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:

NICOLE J. HUESMANN

\_\_\_\_\_  
Name of Person

NICOLE J. HUESMANN, P.A.

\_\_\_\_\_  
Name of Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1150

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

NJHUESMANN@NJHLAW.COM

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

For further information concerning this matter, please call:

NICOLE J. HUESMANN

\_\_\_\_\_  
Name of Person

at ( 305 ) 858-0220  
\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

NICOLE J. HUESMANN, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for EDUCATING HANDS CARE, LLC


Name of Limited Liability Company

L16000227740

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:

NICOLE J. HUESMANN

Typed or Printed Name

ATTORNEY/PRESIDENT

Capacity

**FILED**  
2019 JAN 28 PM 6:49  
CLERK OF STATE  
TALLAHASSEE, FL

### 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