

L17000178012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ENCORE AT BOCA RATON REHABILITATION AND NURSING CENTER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000178012

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:

Legal Team

Name of Person

Registered Agents Inc

Name of Firm/Company

784 S Clearwater Loop

Address

Post Falls, Idaho 83854

City/State and Zip Code

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

For further information concerning this matter, please call:

Legal Team

at (208) 618-2758

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUL 11 AM 10:43

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agents Inc _____, hereby resigns as
Name of Registered Agent

Registered Agent for The Encore At Boca Raton Rehabilitation And Nursing Center, LLC

Name of Limited Liability Company

L17000178012

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.

Riley Park
Signature of Resigning Agent

If signing on behalf of an entity:

Riley Park
Typed or Printed Name
Authorized Representative

Capacity

FILED
2022 JUL 11 AM 10:43
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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withdrawn limited liability company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



Division of Corporations
Department of State
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

July 5, 2022

RE: Statement of Fact – Registered Agent appointed without authorization or consent

To whom it may concern:

The Florida-formed limited liability company, The Encore At Boca Raton Rehabilitation And Nursing Center, LLC (# L17000178012), has listed us without our knowledge or authority as their registered agent for service of process. To be clear, this was done ***without our knowledge or consent***.

Please continue to monitor The Encore At Boca Raton Rehabilitation And Nursing Center, LLC for any subsequent submissions to determine whether such submissions are likely being submitted without the knowledge or consent of the affected parties.

Regards,

Registered Agents Inc