LI7000198508

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: LLC has been their own RA from 2019-2022 on the annual reports. Dina Rowe is how resigning as RA. MING 20218/22 MING 22 MING 22

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Office Use Only



- 04/25/22--01036--013 **60.00
- 02/02/22--01011--013 **25.00





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2022 APR 18 AM 11:50

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

February 18, 2022

DINA ROWE 4303 VINELAND ROAD SUITE F-12 ORLANDO, FL 32811

SUBJECT: ACUTE GOLD HOME CARE LLC Ref. Number: L17000198508

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to resign as registered agent for an active limited liability company is \$85.00

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) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 322A00004122

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Division of Corporations DO BOY 6297 Wallshamed Electric contra

COVER LETTER

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TO: Registration Section Division of Corporations

Acute Gold Home Care LLC
SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER:_L17000198508

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:

Dina Rowe

Name of Person

Acute Gold Home Care LLC

Name of Firm/Company

4303 Vineland Road Suite F-12

Address

Orlando, Florida 32811

City/State and Zip Code

ir@acutehhc.com

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

For further information concerning this matter, please call:

lan Rowe .321	325-1020
at () de 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

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STATEMENT OF RESIGNATION OF REGI	FILED N OF REGISTERED AGENT BILITY COMPANY 18 PM 4:49
	SECRETARY OF STATE TALLAHASSEE, FL

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ursuant to the provisions of section 605.0115, I		е
ina Rowe	, hereby resign	s as this is t
Name of Registered Agent		
egistered Agent for	C	
Name of Limite	d Liability Company	
,17000198508		
Document Number, if known	- <u>-</u> -	AGE
A copy of this resignation was mailed to the ab	oove listed limited liability company at its	s last known address.
The agency is terminated and the office discon	tinued on the 31st day after the date on w	which this statement is fil
Dia	Rave	*
	Signature of Resigning Agent	
f signing on behalf of an entity:		·
T	yped or Printed Name	····· · ··
	Capacity	
<u>FILING</u> 3 85.00	FEES: Active limited liability company Administratively dissolved/ voluntari withdrawn limited liability company	lv dissolved/ ^{: ii iČ}
\$ 25.00 Administratively dissolved volu withdrawn limited liability comp	withdrawn limited liability company	state

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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