

L17000198508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

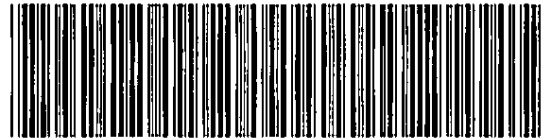
(Business Entity Name)

(Document Number)

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2022 JUL 25 AM 9:55  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL 26 2022

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2022

ACUTE GOLD HOME CARE LLC  
4303 VINELAND ROAD  
SUITE F-12  
ORLANDO, FL 32811 US

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

Our records indicate the registered agent for the above named corporation resigned on April 18, 2022 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Stacy Prather  
Regulatory Specialist III  
Division of Corporations

Letter number: 922A00013878

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Acute Gold Home Care LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ian Rowe

Name of Person

Acute Gold Home Care LLC

Firm/Company

4303 Vineland Road, Suite F-12

Address

Orlando, FL 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:

Ian Rowe

Name of Person

at ( 321 )

594-5656

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Acute Gold Home Care LLC

2. (a) 4303 Vineland Road, Suite F-12 (b) 4303 Vineland road, Suite F-12  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Orlando, FL 32811

Orlando, FL 32811

3. Date of filing/registration in Florida 4. Document number

5. (a) None at this time.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL

(b) Ian Rowe  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Acute Gold Home Care LLC

NEW Registered Office Address:

4303 Vineland Road, Suite F-12

Orlando, FL 32811

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Ian Rowe

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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