L18000140268

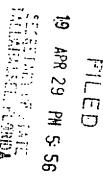
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Health Care One LLC Name of Limited Liability Company DOCUMENT NUMBER: L 18000 140268		
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:		
JUSTIN NAVAVO Name of Person		
Health care One LLC Name of Firm/Company		
3810 Invertary Blvd #301		
Lauderhill, FL 33319 City/State and Zip Code		
CONTACTUS @ Neathraire Onc. 079 E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (305) \$50 8519 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,	
Justin Navamo . hereby r	esigns as
Name of Registered Agent	_
Registered Agent for Heath Care One LLC	
Name of Limited Liability Company	·
L18000140268	
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:	APR 29
Typed or Printed Name	F S S
Capacity	- > 56

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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