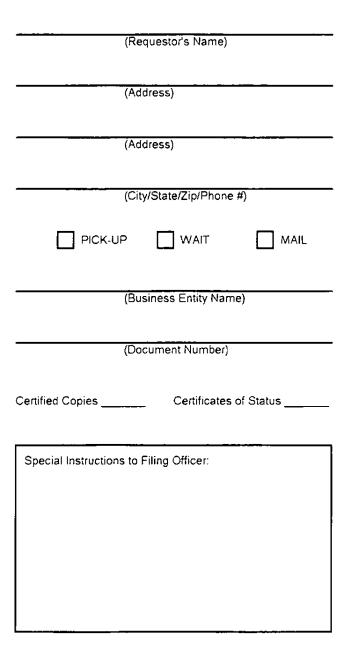
L23 0000 32400



Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Honor Home Health of Flo	rida LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000032400	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
31 (800	773-0888) Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 605.011	5, Florida Statutes, the unders	igned,			
United States Corporation Agents, Inc.		IC.	, hereby resigns as			
	ne of Registered Age	nt	icredy resigns as			
Registered Agent for Hono	r Home Healt	h of Florida LLC				
	Name of Lin	ited Liability Company				
L23000032400						
Document Number	, it known					
A copy of this resignation wa	as mailed to the a	above listed limited liability co	ompany at its last	known ac	ddress.	
		ntinued on the 31st day after t				filad
in agency to tommated and	s the timee disco	indica on the 9130 day after t	ne date on which	uns state	mem is	med.
	. <u>.</u>	Signature of Resigning Agent				
f signing on behalf of an ent	ity:					
Ch	eyenne Mose	ley				
	T	yped or Printed Name				
Ass	st. Secretary for U	Inited States Corporation Agen	its, Inc.		202ւ	
		Capacity			2024 FEB	
					B 27	 -
				$\bar{\psi}_{i}^{*}(x)$		
	<u>FILING</u> \$ 85.00	<u>FEES:</u> Active limited liability com	inany		PM	
	\$ 25.00	Active limited liability com Administratively dissolved/ withdrawn limited liability	voluntarily disso	olved/S	2: 2	Ų

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