

L230000071854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

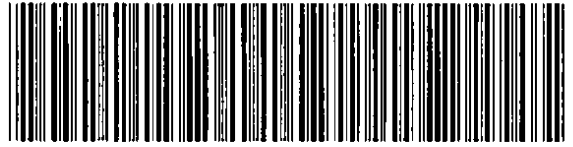
(Business Entity Name)

(Document Number)

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STATE  
CORPORATE FL

R. HUNT  
08/08/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resignation of Registered Agent: The Breton Law Firm  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000071954

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:

Whitney L Smith

Name of Person

Smith Matters

Name of Firm/Company

928 Lake Palms Dr.

Address

Largo, FL 33771

City/State and Zip Code

whitney@yourrentalpropertyattorney.com

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

For further information concerning this matter, please call:

Whitney L Smith

at ( 727 ) 203-5238

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2023 / -- 9 PM 9:57  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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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,

The Breton Law Firm \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Compassionate Companion Care for Seniors, LLC

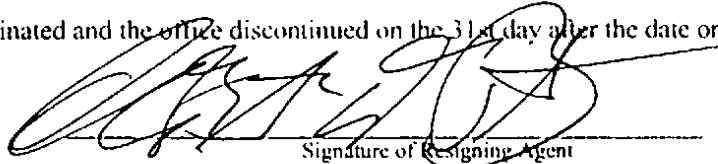
\_\_\_\_\_  
Name of Limited Liability Company

1.23000071954

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:

Christopher D. Breton

Typed or Printed Name

Managing Partner

Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolve/  
withdrawn limited liability company

2023 JUL -9 PM 9:57  
TALLAHASSEE, FL  
FLORIDA DEPARTMENT OF STATE

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