

L24000007515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

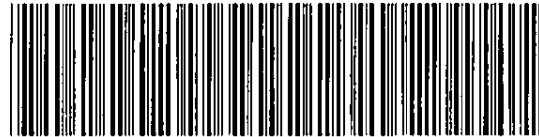
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 29 PM 3:22

4-11-2024

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurturing Hands Home Care LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L24000007515

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:

Marguerite Jarbath

Name of Person

Nurturing Hands Home Care LLC

Name of Firm/Company

6847 NW Brookhaven Ave

Address

Port St Lucie, FL 34983

City/State and Zip Code

henrypetit1978@gmail.com

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

For further information concerning this matter, please call:

Marguerite Jarbath

at (954) 296-0802
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2024 OCT 29 PM 3:22

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Marguerite Jarbath

Name of Registered Agent

DEPT. OF STATE
TALLAHASSEE, FL

, hereby resigns as

Registered Agent for Nurturing Hands Home Care LLC

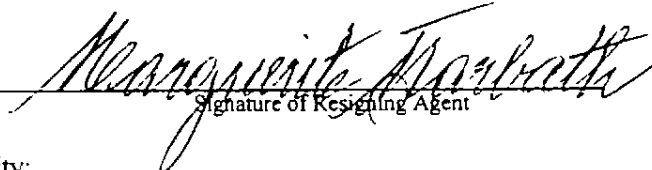
Name of Limited Liability Company

L24000007515

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:

Typed or Printed Name

Capacity

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