

MOI 000000 1906

Requester's Name
1101 River Beach Dr. #805
Address
Ft. Lauderdale, FL 33315
City/State/Zip Phone #

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN - 7 PM 12:33

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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*****25.00 *****25.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

MOI-1906
JR

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Cathy A. Bradshaw

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

Weend Care Management, LLC

Doc. # M01000001906

(Name of Limited Liability Company)

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.

Cathy A. Bradshaw

(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

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FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company ✓

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

409 E. Gaines Street

32399