## N02000004842

, (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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T. BROWN

## **COVER LETTER**

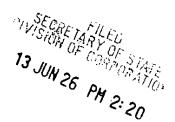
TO: Amendment Section Division of Corporations	
SUBJECT: Pet Continuing Care Hom	
(Name of Corporate DOCUMENT NUMBER: N0200004842	ion)
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
David M. Rieth	
(Name of Person)	-
Rieth & Ritchie, P.A.	_
(Name of Firm/Company)	
1009 West Cleveland Street	
(Address)	-
Tampa, Florida 33606	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
David M. Rieth at (813	472-7333
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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Street Address:
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, David M. Rieth
(Name of Registered Agent)
hereby resigns as Registered Agent for Pet Continuing Care Home, Inc.
(Name of Corporation)
N0200004842
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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)

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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