N19000003391

(Requestor's Name)	
(Address)	500353879555
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	18/28.12981829991 **85.8
(Document Number)	
Certified Copies Certificates of Status)(; · ·
Special Instructions to Filing Officer:	လ် - -
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Office Use Only	

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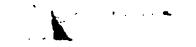
COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: UNLIMITED CARE FOR THE POOR INC.
(Name of Corporation) DOCUMENT NUMBER: N1900002391
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
(Name of Person)
Legalzoom.com, Inc.
(Name of Firm/Company)
101 North Brand Blvd. 11th Floor
(Address)
Glendale, CA 91203
(City/State and Zip Code)
For further information concerning this matter, please call:
Joyce Yi (Name of Person) at (800) 773-0888 x7789 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
m

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 617.1	509.
Florida Statutes, the undersigned. United States Corporation Agents, Inc.	
(Name of Registered Agenc)	
hereby resigns as Registered Agent for UNLIMITED CARE FOR THE POO	OR INC.
(Name of Corporation)	
N19000002391	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	vn address
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	m which
CM	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	-
Cheyenne Moseley	. C: UO
(Typed or Printed Name)	01
Asst. Secretary for United States Corporation Agents. Inc.	
(Capacity)	
Fee for filing this document;	
\$87.50 - Active Corporation	

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/