# N45325

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW [	MAIL
	S. S. S. No.	
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	
	<b>D</b> I	1 Resign
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SECRETARY OF STATE

### COVER LETTER

MCCULLOCH C SUBJECT:	GROUP HOME CO			
	1	(Name of Corp	oration)	
DOCUMENT NUMBER	N45325			
The enclosed Resignation	of Registered Ag	gent for a Cor	poration and fee are s	submitted for filing.
Please return all correspon	ndence concernir	ng this matter	to the following:	
TAMMI FERNANDEZ				
(Na	me of Person)			
(Name)	of Firm/Company)	l.		
9110 SOUTHERN CHARM C	TRCLE			
	(Address)			
BROOKSVILLE, FL 34613				
(City/S)	ate and Zip Code)		<del></del>	
For further information co	oncerning this ma	itter, please ca	ıll:	
TAMMI FERNANDEZ		352 at (	701-3005 )	
(Name of P	erson)	(Area C	ode & Daytime Teleph	one 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	TAMMI FERNANDEZ
	(Name of Registered Agent)
hereby resigns as Registered Agen	MCCULLOCH GROUP HOME CORPORATION
reseasy realigns as registered regen	(Name of Corporation)
N45325	
(Document Number, if known)	<del></del>
	office discontinued on the 31st day after the dation which the ASSET STATE STA
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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