Division of Corporations

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

## Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the documents

(((H00000014704 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4000

From:

Account Name FOLEY & LARDNER

Account Number : I19980000047

Phone : (407)423-7656 Fax Number : (407)648-1743 Document Prepared by Dawn Heavey

User ID #: 1124 QQQ/C Client/Matter#:

## REGISTERED AGENT RESIGNATION

HERITAGE CARE OF SARASOTA, INC.

| 0         |
|-----------|
| 1         |
| 01        |
| -\$140.00 |
|           |

96.25

4/03/2000 1

H000000147041

## RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0502                              | 2(2), 617.0502(2), 607.1500, 00      | £17 1200    |           |            |                    |  |
|--|--------------------------------------|-------------|-----------|------------|--------------------|--|
| Florida Statutes, the undersigned, F & L Co                                  | DED.                                 | 017.1509    | >         |            |                    |  |
|  | (Name of registered agent)           |             |           |            |                    |  |
| hereby resigns as Registered Agent for Herit                                 | (Name of corporation)                | <u>c.</u>   |           |            | -                  |  |
| A copy of this resignation was mailed to the abo                             | ove listed corporation at its last k | own add     | ress.     |            |                    |  |
| The agency is terminated and the office disconti<br>this statement is filed. | inued on the 31st day after the da   | te on whic  | h         |            |                    |  |
| Edula Park   |                                      | <b>V.</b> . |           |            |                    |  |
| (Signature of re   | esigning agent)                      | - E         | 00        |            | · · <del>_</del> - |  |
| If signing on behalf of an entity:   |                                      | AHASS       | 00 APR -3 |            |                    |  |
|  |                                      | E Y         |           | 8.5.5<br>1 |                    |  |
| (Typed or Pri  | nted Name)                           |             | PM =      |            |                    |  |
|  |                                      | ORID        | 1 12      |            | _                  |  |
| (Capac   | city)                                | - 323       |           |            | •                  |  |

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)