

PO00000026056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

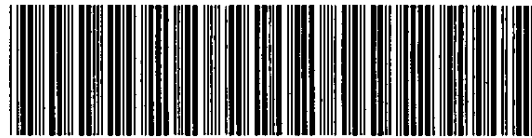
(Business Entity Name)

(Document Number)

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07/31/08--01010--023 **35.00

08/13/08--01003--001 **52.50

FILED
08 AUG 12 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Resign
G. Douville AUG 12 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL NURSES OF PALM BEACH
(Name of Corporation) COUNTY, INC.

DOCUMENT NUMBER: 000000026056

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:

LEONARD GIAMPETRO
(Name of Person)

PROFESSIONAL NURSES OF PALM BEACH COUNTY, INC
(Name of Firm/Company)

1400 N. W. 13th STREET # 13
(Address)

BOCA RATON, FLORIDA 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARD GIAMPETRO at (954) 328 4453
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2008

LEONARD GIAMPETRO
PROFESSIONAL NURSES OF PALM BEACH COUNTY
1400 N.W. 13TH ST., #13
BOCA RATON, FL 33486

SUBJECT: PROFESSIONAL NURSES OF PALM BEACH COUNTY, INC.
Ref. Number: P00000026056

We have received your document for PROFESSIONAL NURSES OF PALM BEACH COUNTY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 508A00044572

RECEIVED
2008 AUG 12 AM 9:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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,

LEONARD GIAMPETRO
(Name of Registered Agent)

hereby resigns as Registered Agent for

PROFESSIONAL NURSES OF PALM
BEACH COUNTY, INC.
(Name of Corporation)

P00000026056

(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.

Leonard Giampetro
(Signature of Resigning Agent)

If signing on behalf of an entity:

LEONARD GIAMPETRO
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

FILED
08 AUG 12 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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