Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000880019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

⊝ mail	Address:	 		 	_

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REGISTERED AGENT RESIGNATION TO HOME HEALTH CARE, INC

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02		
\$87,50		

SECRIFICATION STATE ALLIAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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AUG -1 2017

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	17.1509,				
Florida Statutes, the undersigned, FRANCISCO ARIAS					
(Mande of Westing and Sellin)					
hereby resigns as Registered Agent for TC HOME HEALTH CAF	RE,INC				
(Name of Corporation)					
P03000051932					
(Document Number, if known)					
A copy of this resignation was mailed to the above listed corporation at its last ke	nown address.				
The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed.	te on which				
Do Au all					
(Signature of Resigning Agent)	-ne				
If signing on behalf of an entity:	TALL T				
	3m =				
(Typed or Printed Name)	31 PH I				
(Capacity)	~ 27 O				

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withdrawn corporation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