## P04000013236

(Red	questor's Name)	
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SECRETARY OF STATE A

T. Roberts DEC 15 200



ATTORNEYS AT LAW 200 SOUTH ORANGE AVENUE SARASOTA, FLORISA 34236 T: (941) 552-5549 F: (941) 552-5559 imori@williamsparker.com

If you have any encedant of the respect to be increased in

December 12, 2006 Service of the service of the

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**CJT Home Health, Inc.** Re:

Document Number P04000013236

Dear Sir/Madame:

Forwarded herewith for filing is Resignation of Registered Agent for the above-referenced corporation, along with the "Cover Letter" to the Division of Corporations. Also enclosed is a check payable to the Florida Department of State in the amount of \$87.50 in connection with the filing fee.

Please return all correspondence relating to this transaction to E. John Wagner, II, 200 S. Orange Avenue, Sarasota, Florida 34236.

If you have any questions, please contact the undersigned.

Very truly yours,

Jacqueline Mori Corporate Paralegal

jmm-732738.1 **Enclosures** 

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## **COVER LETTER**

	(Name of Person) at ( 941 ) 552-5549 (Area Code & Daytime Telephone Number)	
JACC	QUELINE MORI at ( 941 ) 552-5549	
For fu	ther information concerning this matter, please call:	
	(City/State and Zip Code)	
SAR	ASOTA, FL 34236	
	(Address)	
200	S. ORANGE AVENUE	
,,,,	(Name of Firm/Company)	
WILL	JAMS PARKER, ET AL.	
	(Name of Person)	
E. JO	OHN WAGNER, II	
Please	return all correspondence concerning this matter to the following:	
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ling.
DOCU	JMENT NUMBER: P04000013236	
	(Name of Corporation)	
SUBJ	ECT: CJT HOME HEALTH, INC.	
	Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENTSEURE FARY OF STATE PARTY OF STATE OF STATE

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	)9,
Florida Statutes, the undersigned, E. John Wagner, II	
(Name of Registered Agent)	
hereby resigns as Registered Agent for CJT Home Health, Inc.	
(Name of Corporation)	
P04000013236	
(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 this statement is filed.	which
(Signature of Resharing Agent)	
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