

P05000107512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

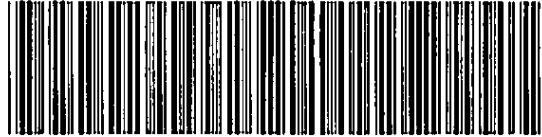
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700358075627

01/28/21--01012--017 \*\*87.50

MAR 16 2021

S. YOUNG

2021 JAN 28 PM 5:06

FILED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROMISE HOSPITAL OF FLORIDA AT THE VILLAGES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000107512

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:

**RESIGNATION DEPARTMENT**

(Name of Person)

**CORPORATION SERVICE COMPANY**

(Name of Firm/Company)

**251 LITTLE FALLS DRIVE**

(Address)

**WILMINGTON, DE 19808**

(City/State and Zip Code)

For further information concerning this matter, please call:

**RESIGNATION DEPARTMENT** at **800 927-9801**  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for PROMISE HOSPITAL FLORIDA AT THE VILLAGES, INC.

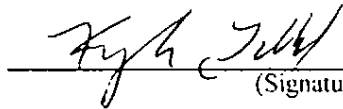
(Name of Corporation)

P05000107512

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

BY KYLE TODD

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

2021 JAN 20 PM 5:06

**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