

PO60000035251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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600182454196

06/25/10--01024--008 **35.00

600182454196
08/16/10--01004--011 **52.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG 16 PM 3:51

RA/RES
@ 8/17/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dade County HOME Health Care Corp
(Name of Corporation)

DOCUMENT NUMBER: P06000035251

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:

PURA GONZALEZ
(Name of Person)

(Name of Firm/Company)

3733 NW 13 ST.
(Address)

Miami FLA 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

PURA GONZALEZ at (305) 333-7255
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2010

PURA GONZALEZ
3733 NW 13 ST.
MIAMI, FL 33126

SUBJECT: DADE COUNTY HOME HEALTH CARE CORP.
Ref. Number: P06000035251

We have received your document for DADE COUNTY HOME HEALTH CARE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00015770

RECEIVED
2010 AUG 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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,

PURA GONZALEZ

(Name of Registered Agent)

hereby resigns as Registered Agent for

DADE COUNTY HOME HEALTH CARE CORP

(Name of Corporation)

P06000035251

(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.

PURA GONZALEZ

(Signature of Resigning Agent)

If signing on behalf of an entity:

DADE COUNTY HOME HEALTH CARE CORP

(Typed or Printed Name)

ADM - PRESIDENT

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 16 PM 3:51