

P070000 58250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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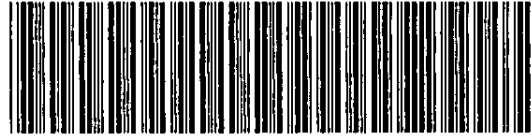
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 JUL -9 PM 12:22

R.A. Resignation

JUL 12 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hope Home Care Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000058250

The enclosed ~~Statement of Change of Registered Office/Agent~~ ^{Resignation} and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mercedes Lopez Cisneros

Name of Contact Person

Mercedes Lopez Cisneros, P.A.

Firm/Company

8700 West Flagler St, Suite 390

Address

Miami, Florida 33174

City/State and Zip Code

lopezcisneros2003@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes Lopez Cisneros

Name of Contact Person

at (305) 480-1234

Area Code & Daytime Telephone Number

Enclosed is a ~~\$35.00~~ ^{87.50} check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 PM 12:22

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Carlos A. Diaz Valladares

(Name of Registered Agent)

hereby resigns as Registered Agent for Hope Home Care Services, Inc.

(Name of Corporation)

P07000058250

(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:

CARLOS A. DIAZ VALLADARES
(Typed or Printed Name)

PRESIDENT/SECRETARY
(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