

PD7000/10803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

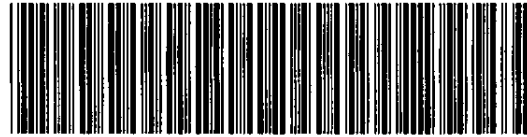
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100240563591

10/12/12--01012--003 **87.50

2012 OCT 12 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RA Resign

OCT 12 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vital Solutions Home Health Agency, Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000110803

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:

Arlene Sanchez
(Name of Person)

(Name of Firm/Company)

2142 Hacienda Terr
(Address)

Weston, FL. 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

Arlene Sanchez at (786) 380-0402
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2012 OCT 12 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, Arlene Sanchez
(Name of Registered Agent)

hereby resigns as Registered Agent for Vital Solutions Home Health Agency, Inc
(Name of Corporation)

P07000110803
(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.

Arlene Sanchez
(Signature of Resigning Agent)

If signing on behalf of an entity:

Arlene Sanchez error AS
(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