

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**REGISTERED AGENT RESIGNATION
HIGIAS HOME HEALTH CARE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

83127

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R. V. ~~Electronic~~ Filing Menu

Corporate Filing Menu

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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, Ruth Benoit

(Name of Registered Agent)

hereby resigns as Registered Agent for Higas Home Health Care Corp.

(Name of Corporation)

P07000112465

(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.

R Benoit

(Signature of Resigning Agent)

10/31/14

If signing on behalf of an entity:

Ruth Benoit

(Typed or Printed Name)

President / Registered Agent

(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withdrawn corporation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

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