

PO7000114127

(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



900271706059

05/12/15--01015--013 \*\*87.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY 12 PM 12:35

cc 5/18

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sun Flower HomeCare Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P07000114127

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:

Angel VALDES  
(Name of Person)

—  
(Name of Firm/Company)

8752 NW 116 Terra  
(Address)

Hialeah Edux, FL - 33018  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Valdes at (786) 897-0734.  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT 15 MAY 12 PH 12: 35  
FOR A CORPORATION**

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

Florida Statutes, the undersigned, \_\_\_\_\_

Angel Valdes  
(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_

SUN FLOWERS HomeCare Inc  
(Name of Corporation)

P0700014127

(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.

Angel Valdes

(Signature of Resigning Agent)

If signing on behalf of an entity:

Angel Valdes

(Typed or Printed Name)

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withdrawn corporation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**