

P07000115387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

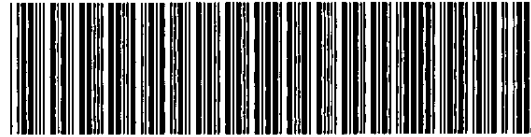
(Business Entity Name)

(Document Number)

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12 MAR 12 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEVINEUX  
MAR 14 2012

**TO:** Amendment Section  
Division of Corporations

**DOCUMENT NUMBER:** P07000115387

Norma L Flores

Somir Healthcare Transportation Inc

7668 SW 152 AVE #111

Miami, FL 33193

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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

CR2E046(08/05)

**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, Norma L Flores

(Name of Registered Agent)

hereby resigns as Registered Agent for Somir Healthcare Transportation Inc

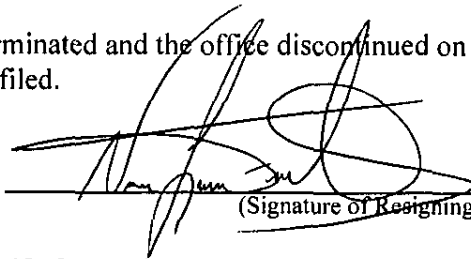
(Name of Corporation)

P07000115387

(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:

(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withdrawn corporation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**

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TALLAHASSEE, FL 32314

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