

P09000008462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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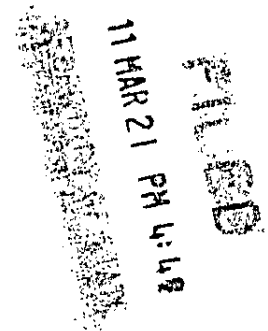
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RA Resign.

03/23/11

DC

COVER LETTER

TO: Amendment Section
Division of Corporation

DATE: February 23 2011

SUBJECT: GALA CARE SERVICES INC

DOCUMENT NUMBER: P09000008462

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:

DONNA M. DELGADO

LAW OFFICE OF DONNA M DELGADO
1031 IVES DAIRY ROAD
SUITE 228
MIAMI FLORIDA 33179

For further information on this matter, please call:

Donna M Delgado, at 305 654 8202

Enclosed is a check for \$35 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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, DOLINA M. DELGADO, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for HAZA CARE SERVICES, INC.
(Name of Corporation)

P09000008462
(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

11 MAR 21 PM 4:48
FILED

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withdrawn corporation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