

P13000003865

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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date of submission 8/29

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

Email Address: _____

**REGISTERED AGENT RESIGNATION
ADVOQUEST HOME CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$87.50

ATTN: Darlene
Connell

(8/29)

RA Resign.

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Corporate Filing Menu

Help

9/9/2016 4:22:43 PM From: To: 8506176380(2/4)



August 29, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVOQUEST HOME CARE, INC.
7866 W COMMERCIAL BLVD
LAUDERHILL, FL 33351

SUBJECT: ADVOQUEST HOME CARE, INC.
REF: P13000003865

RE-SUBMIT

Please retain original filing
date of submission 8/29

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

The fee to resign as registered agent of an active corporation is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000212619
Letter Number: 816A00018310

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DIVISION OF CORPORATIONS
SEP 12 2016

P.O BOX 6327 - Tallahassee, Florida 32314

9/9/2016 4:22:43 PM From: To: 8506176380(3/4)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVOQUEST HOME CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000003865

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:

Theresa Alfieri

(Name of Person)

NATIONAL REGISTERED AGENTS, INC.

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, NY 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Alfieri

(Name of Person)

at 212 894-8516

(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

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, NRAI SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for ADVOQUEST HOME CARE, INC.

(Name of Corporation)

P13000003865

(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:

NRAI SERVICES, INC.-Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED
16 AUG 29 PM 2:35
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

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