

Division of Corporations

Page 1 of 2

H17000012065 3

P13000043224  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000012065 3)))



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From: Account Name : CARLTON FIELDS  
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17 JAN 13 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: N/A

RECEIVED  
17 JAN 13 PH 3:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION  
HELIX HEARING CARE (FLORIDA) PARTNERSHIP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

S. TALLENT  
JAN 17 2017

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H17000012065 3

R/A-Resign

H17000012065 3

**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, CFRA, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for HELIX HEARING CARE (FLORIDA) PARTNERSHIP, INC.

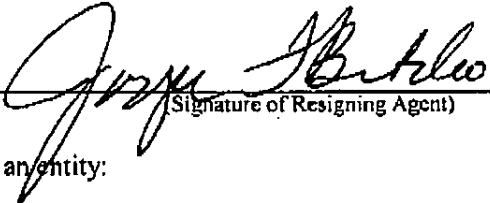
(Name of Corporation)

P13000043224

(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:

Joyce F. Bentubo  
\_\_\_\_\_  
(Typed or Printed Name)

Secretary  
\_\_\_\_\_  
(Capacity)

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TALLAHASSEE, FLORIDA

**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withdrawn corporation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

H17000012065 3