

P13000083531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

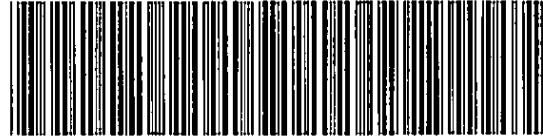
(Business Entity Name)

(Document Number)

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*Resignation
of RA*

2021 OCT -4 AM 8:46
SECRETARY OF STATE
OFFICE OF THE CLERK

FILED

OCT 08 2021

A FAMILY

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -4 PM 1:54

September 22, 2021

CHRISTINA NEWBERG
1360 NW 105TH AVE
PLANTATION, FL 33317 US

SUBJECT: COMPLETE CARE MEDICAL CENTER, INC.
Ref. Number: P13000083531

We have received your document for COMPLETE CARE MEDICAL CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed

The fee to file a resignation of registered agent form for an active corporation is \$87.50. Please include an additional check for \$52.50 when you resubmit the correct form.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 421A00022907

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Care Medical Center, Inc
(Name of Corporation)

DOCUMENT NUMBER: P13000083531

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:

Christina Newberg
(Name of Person)

(Name of Firm/Company)

1340 NW 105th Ave
(Address)

Plantation, FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Newberg at (786) 295-3167
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2021 OCT -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Christina Newberg
(Name of Registered Agent)

hereby resigns as Registered Agent for Complete Care Medical Center Inc.
(Name of Corporation)

P13000083531

(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.

C. Newberg
(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