

P160000022234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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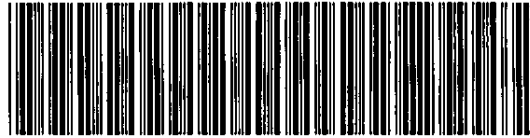
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: G+G Home Health Care Providers INC

(Name of Corporation)

DOCUMENT NUMBER: 71600022234

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:

(Name of Person)

Guarlyte Oshine

(Name of Firm/Company)

#13300 Alexandra Dr 107

(Address)

OPA Locker # 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

Guarlyte at (305), 857-1855

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

16 SEP 11 11:11 AM
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

16 SEP - 11 11:19 AM
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gueryne Ostine

(Name of Registered Agent)

hereby resigns as Registered Agent for G+G Home Health Care
PROVIDERS INC. (Name of Corporation)
P16000022234
(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.

Gueryne Ostine
(Signature of Resigning Agent)

If signing on behalf of an entity:

Gueryne Ostine
(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withdrawn corporation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

August 26, 2016

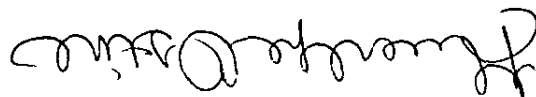
To whom it may concern,

I, Guenther Ostine, certify that I do not own a business by the name of G&G Healthcare Providers Inc., document number P16000022234.

I have no knowledge of such business and have no affiliation to this organization or anyone that is associated with such business. This matter was brought to my attention by my federal probation officer. This letter will serve as notice to all persons that I don't own, have an affiliation with or have had any knowledge of such business prior to August 26, 2016.

If any additional information is needed please feel free to contact me via email.

Sincerely,



16 SEP - 1 PM: 12
RECEIVED
FEDERAL PROBATION
OFFICE
1000 10th Ave
N.W.
ALBUQUERQUE, NM 87102