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.

(((H21000080142 3)))



H210000801423ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

marylynnperry@yahoo.com Email Address:

REGISTERED AGENT RESIGNATION HIBISCUS WOMEN'S CENTER, P.A.

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

" OHI KEE

Electronic Filing Menu

Corporate Filing Menu

Help () 1 2021

(((H21000080142 3)))

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dea	
,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Hibiscus Women's Center, P.A.
	(Name of Corporation)
P16000066674	
(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 offic this statement is filed.	e discontinued on the 31st day after the date on which
Dean Mean Services	LLC Junes ones Rignature of Resigning Agent)
If signing on behalf of an entity.	A A HAR
Claudia Haines Jones	SOUTH THE STATE OF
	(Typed or Printed Name)
Vice President of Sole M	lember ∞
• •	(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withdrawn corporation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

CR2E046 (12/19)