P20 000007935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation
of RA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
DEC 09 2021

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

SUBJECT: FAMILIA ADULT DAY CARE INC.
(Name of Corporation)

DOCUMENT NUMBER: P2 000 000 7935

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:

JORGE SANTANA
(Name of Person)

(Name of Firm/Company)

14331 SW 163ST
(Address)

MIAMI, FL 33177
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE SANTANA at (786) 449 5614
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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2021 NOV 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 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, JORGE SANTANA
(Name of Registered Agent)

hereby resigns as Registered Agent for FAMILIA ADULT DAY CARE INC.
(Name of Corporation)

P2 000 000 7935
(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:

(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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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**

CR2E046 (12/19)