

F22000004480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

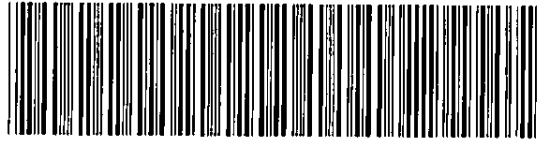
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24/05/24  
A. HUNT

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 04/05/2024

**PRIORITY** Routine

**OUR REF # (Order ID#)** Westley

**ORDER ENTITY**

**HOME-WELL LIVING HEALTH CARE INC.**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

HOME-WELL LIVING HEALTH CARE INC.

Please file the attached resignation.

**NOTES:**

\$87.50 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HOME-WELL LIVING HEALTHCARE INC.  
(Name of Corporation)

DOCUMENT NUMBER: P22000004480

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:

Westley Look

(Name of Person)

Incorporating Services, Ltd.

(Name of Firm/Company)

3500 S DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Westley Look

(Name of Person)

at ( 302 ) 531-0703

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Incorporating Services, Ltd.

hereby resigns as Registered Agent for HOME-WELL LIVING HEALTHCARE INC.  
(Name of Corporation)

(Document Number, if known)

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)

(Typed or Printed Name)

(Capacity)

\$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**