Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : MCDONALD HOPKINS CO., PA

Account Number : 120050000183 : (561)472-7510

Fax Number : (561)472-2975

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

REGISTERED AGENT RESIGNATION RONA'S RETIREMENT HOME, INC.

Certificate of Status	0
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OCT 20 2015

Electronic Filing Menu

Corporate Filing Menu

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(((H15000249523 3))),

COVER LETTER

TO: Amendment Section Division of Corporations

Rona's Retirement Home, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P94000010962

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:

Alan M. Burger, Esquire

(Name of Person)

McDonald Hopkins LLC

(Name of Firm/Company)

505 S. Flagler Drive, #300

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan M. Burger

...561 \472-212

(Name of Person)

(Area Code & Davime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tallahassec, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Alan M. Burger, Esquire
(Nume of Registered Agent)
hereby resigns as Registered Agent for Rona's Retirement Home, Inc.
(Name of Corporation)
P94000010962
(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)
<i>``</i>
(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

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