

P95000030074

01 NOV 6 PM '08  
FILED  
TECHNICAL UNIT OF STATE  
TENNESSEE, FLORIDA

315 So. Calhoun Street  
Address

425-5675

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Xl Care Agency of Hi County P95-30074  
(Corporation Name) (Document #) Resignation

2. \_\_\_\_\_  
(Corporation Name) (Document #) By

3. \_\_\_\_\_  
(Corporation Name) (Document #) RA

4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in  Pick up time \_\_\_\_\_  
 Mail out  Will wait

Photocopy

Certified Copy

Certificate of Status

700004685197-1

-11/16/01--01017--022

\*\*\*\*\*665.00 \*\*\*\*\*35.00

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domesticate
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

DK

Florida Department of State,

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 617.1509, Florida Statutes, the undersigned, **INTRASTATE REGISTERED AGENT CORPORATION** hereby resigns as Registered Agent for **XL-CARE AGENCY, INC. TRI-COUNTY.**

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 of which this statement is filed.

**INTRASTATE REGISTERED AGENT CORPORATION**

By: 

Name: Steven H. Hagen

Title: Vice President

Date: 11/15/01

**FEE FOR FILING THIS DOCUMENT:**

**\$87.50 - Active Corporation**

**\$35.00 - Administratively Dissolved Corporation**

**Division of Corporations - P.O. Box 6327 - Tallahassee, FL 32314**