## P96000056510

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## TRANSMITTAL LETTER

	mendment Section ivision of Corporations
SUBJEC	
	(Name of Corporation)
<b>DOCUM</b>	ENT NUMBER: P96000056510
The enclo	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
Reginal	d J. Clyne
	(Name of Person)
Clyne &	Self, P.A.
	(Name of Firm/Company)
2600 D	ouglas Road, Suite 1100
	(Address)
Coral G	ables, Florida 33134
	(City/State and Zip Code)
For furthe	er information concerning this matter, please call:
Reginal	d J. Clyne at (305) 446-3244  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed or \$35.00	is a check made payable to the Florida Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Division of P.O. Box	ent Section Amendment Section of Corporations Division of Corporations

## 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, Reginald J. Clyne
(Name of Registered Agent)
hereby resigns as Registered Agent for South Florida Care Centers, Inc.
(Name of Corporation)
P96000056510
(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.  Reginald A. Clane (Signature of Resigning Agent)
If signing on behalf of an entity:
Regimula J. Clune (Typed or Printed Name)
Registered Agent (Capacity)  Registered Agent (Capacity)
\$ # <b>1</b>

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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