

P97000048882

Holland & Knight LLP
Requester's Name:

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 Inc of FL Myers P97000048882
(Corporation Name) (Document #)

Resignation

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

100004685181-1

-11/16/01-01017-022

****665.00 ****35.00

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ 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

FILED
01 NOV 16 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 NOV 16 AM 11:01
DIVISION OF CORPORATION

Examiner's Initials

AR
11/16/01

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. OF FT. MYERS**.

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

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01 NOV 16 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA