

P97000048884

01 NOV 16 PM 3:00
FILED
SARASOTA
FLORIDA

Requester's Name
375 So. Calhoun Street
Address
425-5675
City/State/Zip Phone #

Office Use Only

Resignation
Ob RA

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

1. XL Care Agency Inc of Sarasota P97000048884
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

RECEIVED
01 NOV 16 AM 11:00
DIVISION OF CORPORATION

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

400004685194--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

Examiner's Initials

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 SARASOTA**.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA