

P97000050760

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

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01 NOV 16 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. XL Care Agency Inc of Lake County P97-50760
(Corporation Name) (Document #) *Resignation*
2. _____
(Corporation Name) (Document #) *RA*
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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

NEW FILINGS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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****665.00 *****35.00

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01 NOV 16 AM 11:01
DIVISION OF CORPORATION

Examiner's Initials *RA*

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 LAKE 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

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