

P97000080060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

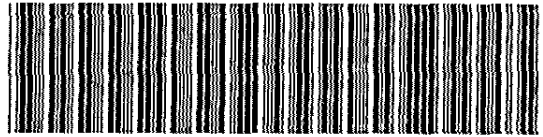
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400050231854

04/12/05--01052--005 **87.50

FILED
05 APR 15 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-15-05 - entered on

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pantheon Superior Healthcare, Inc
(Name of Corporation)

DOCUMENT NUMBER: P97000080060

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Patrece A Frisbee

(Name of Person)

Pantheon Superior Healthcare Inc

(Name of Firm/Company)

5226 Alton Road

(Address)

Miami Beach, FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrece A Frisbee

(Name of Person)

at (

305 867 4466

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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, Angela M Lombardi

(Name of Registered Agent)

hereby resigns as Registered Agent for Pantheon Superior Healthcare, Inc

(Name of Corporation)

P97000080060

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
05 APR 15 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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