

P980000053409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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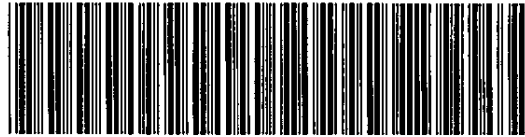
(Business Entity Name)

(Document Number)

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03/30/15--01049--011 **157.50

FILED
15 MAR 30 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(RM)
4-7-15

FILED
15 MAR 30 PM 12:09
SECTION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Elder Care Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000053409

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:

Lisa Kaufman-Bensmihen

(Name of Person)

United Elder Care Services, Inc.

(Name of Firm/Company)

4700 NW 2nd Avenue, Ste. 400

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Kaufman-Bensmihen at 561 989-0611

(Name of Person)

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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, Joseph Bensmihen

(Name of Registered Agent)

hereby resigns as Registered Agent for United Elder Care Services, Inc.

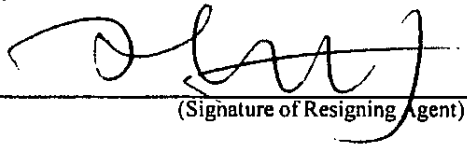
(Name of Corporation)

P98000053409

(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:

Joseph Bensmihen

(Typed or Printed Name)

(Capacity)

FILED
15 MAR 30 PM 12:09
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