

P99000019589

Florida Department of State  
Division of Corporations  
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*Louise*

## To:

Division of Corporations  
Fax Number : (850) 205-0380

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## REGISTERED AGENT RESIGNATION

UNION HOME CARE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

RECEIVED  
06 JAN 12 AM 8:00  
DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

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**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, HECTOR PEREZ  
(Name of Registered Agent)

hereby resigns as Registered Agent for UNION HOME CARE INC.  
(Name of Corporation)

P99000019589

(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)

**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withdrawn corporation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

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