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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

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REGISTERED AGENT RESIGNATION  
WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.

Certificate of Status	0
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P99000108280

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:

Karen Gibson  
(Name of Person)

InCorp Services, Inc.  
(Name of Firm/Company)

3773 Howard Hughes Parkway, Suite 500S  
(Address)

Las Vegas, NV 89169-6014  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Gibson for InCorp Services, Inc. at ( 702 ) 866-2500  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, InCorp Services

(Name of Registered Agent)

hereby resigns as Registered Agent for WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.

(Name of Corporation)

P99000108280

(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.

InCorp Services



(Signature of Resigning Agent)

If signing on behalf of an entity:

Karen Gibson

(Typed or Printed Name)

Authorized Representative on behalf of InCorp Services

(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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