

VID447

(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



900093725349

03/23/07--01016--011 \*\*87.50

FILED

07 MAR 23 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Res.

SG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LIBERTY HOME CARE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** V10447

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:

ALICIA SANCHEZ

(Name of Person)

LIBERTY HOME CARE, INC.

(Name of Firm/Company)

1840 W. 49TH STREET, SUITE 509

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

ALICIA SANCHEZ

(Name of Person)

at ( 305 ) 823-7350

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for LIBERTY HOME CARE, INC.

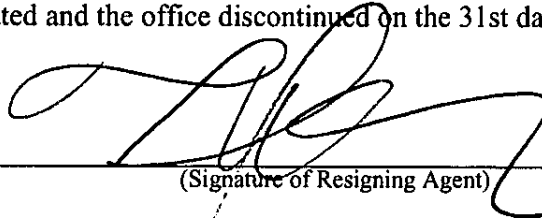
(Name of Corporation)

V10447

(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:

ZEOLIDA MILIAN

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAR 23 PM 2:05

FILED

**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**