

V39118

Holland & Knight LLP  
Requester's Name

375 So. Calhoun Street  
Address

425-5675  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. XK Care Agency Inc of Broward V39  
(Corporation Name) (Document #)  
resignation
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)  
RA
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy  
☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☒ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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RECEIVED  
01 NOV 16 AM 11:01  
DIVISION OF CORPORATION

Examiner's Initials

AR  
11/16/01

Florida Department of State,

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 617.1509, Florida Statutes, the undersigned, **INTRASTATE REGISTERED AGENT CORPORATION** hereby resigns as Registered Agent for **XL-CARE AGENCY, INC. OF BROWARD**.

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 of which this statement is filed.

**INTRASTATE REGISTERED AGENT  
CORPORATION**

By: \_\_\_\_\_

Name: Steven H. Hagen

Title: Vice President

Date: \_\_\_\_\_

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**FEE FOR FILING THIS DOCUMENT:**

**\$87.50 - Active Corporation**

**\$35.00 - Administratively Dissolved Corporation ✓**

**Division of Corporations - P.O. Box 6327 - Tallahassee, FL 32314**

FILED  
01 NOV 16 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA