

F94000003/67

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

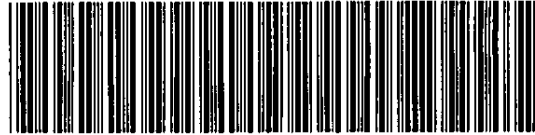
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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900288621199
08/03/16--01016--024 **35.00

FILED
16 AUG -3 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
Resign.

RECEIVED
16 AUG -3 PM 2:22
NOT INTEND
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

AUG 04 2016

D CONNELL

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CABLE HEALTHCARE HOLDING, INC.

F94000003167

☐ Nonprofit

☐ Foreign

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Call If Problem

☐ Will Wait

8/3/2016

KM

☐ Merger

☐ Mark

☒ Other
R/A Resgation

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:

10109827

Ref#:

Amount: \$

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CABLE HEALTHCARE HOLDING, INC.
(Name of Corporation)

DOCUMENT NUMBER: F94000003167

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:

Helen Mac-Tran

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Mac-Tran

(Name of Person)

at 212 590-9118

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for CABLE HEALTHCARE HOLDING, INC.

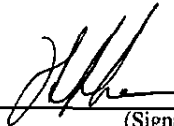
(Name of Corporation)

F94000003167

(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:

CT CORPORATION SYSTEM-Helen Mac-Tran

(Typed or Printed Name)

ASSISTANT SECRETARY

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG -3 AM 1989

FILED