

L0600002688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2009 APR 29 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
TAL  
[Signature]

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

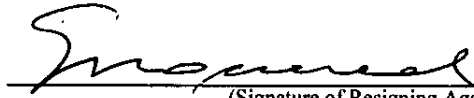
**MARGARETTE OCCENAD**  
\_\_\_\_\_, hereby resigns as  
(Name of Registered Agent)

Registered Agent for **ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC**  
\_\_\_\_\_  
(Name of Limited Liability Company)

**L06000026881**  
\_\_\_\_\_  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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)

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**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

