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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MACFARLANE FERGUSON & MCMULLEN  
Account Number : 076077001654  
Phone : (813) 273-4229  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
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2017 JUN 20 PM 4:07

SECURITY DIVISION  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
HAVEN HOSPICE MI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

TAYLOR R. HESS

, hereby resigns as

Name of Registered Agent

Registered Agent for HAVEN HOSPICE MI, LLC

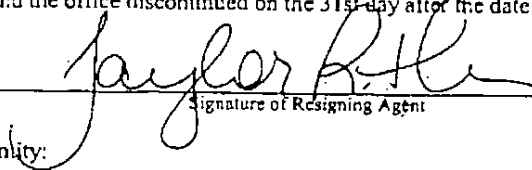
Name of Limited Liability Company

L15000147712

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

**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withdrawn limited liability company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

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