

M13 000 000 905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

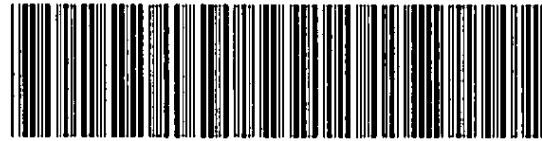
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200360277932

03/04/21--01026--004 4\*25.00

2021 MAR -4 PM 5:50

O SIMMONS  
APR 27 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Ridge Healthcare LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M15000000905

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Levi Rudd

Name of Person

Symmetry Healthcare Management LLC

Name of Firm/Company

1351 Sawgrass Corp Pkwy, Ste 100

Address

Sunrise, FL 33323

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Levi Rudd

at ( 786 ) 317-3401

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Symmetry Healthcare Management LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Blue Ridge Healthcare LLC

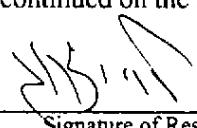
Name of Limited Liability Company

M15000000905

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:

Levi Rudd

Typed or Printed Name

CEO

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**