

L49 000267 / 87

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

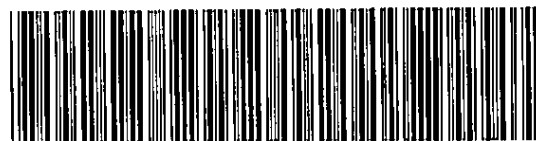
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200378139022

12/27/21--01040--020 **85.00

2021 DEC 27 PM 3:52
SECRETARY OF STATE
MAIL ROOM



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: December 14, 2021

AE: Cori Ann Crosthwaite

Vendor # 1960

Email: ccrosthwaite@myparacorp.com

TO: Florida Department of State
Division of Corporations PO Box 6327
Tallahassee, FL 32314

Ref Number: 1705097

FAX: 850-687-6381

Return Shipping:

EMAIL:

NAME: **ADVANCED BEHAVIOURAL HEALTH
SPECIALIST LLC**

FILE REGISTERED AGENT RESIGNATION

State

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
888-272-3725**

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROCKET LAWYER CORPORATE SERVICES LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for ADVANCED BEHAVIOURAL HEALTH SPECIALIST LLC

Name of Limited Liability Company

L19000267187

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:

EDNA PERRY

Typed or Printed Name

Asst. Secretary Rocket Lawyer Corporate Services LLC

Capacity

2021 DEC 27 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

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withdrawn limited liability company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