

L00000014917

Florida Department of State
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To:
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Fax Number : (850) 617-6380

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Account Name : ROIES, SCHILLER & FLEXNER, LLP.
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REGISTERED AGENT RESIGNATION
VIPA HEALTH SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$140.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VIPA HEALTH SOLUTIONS, LLC
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L000000014917

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Beverly Riedy

Contact Person

Boles, Schiller & Flexner LLP

Firm/Company

100 S.E. 2nd Street, Suite 2800

Address

Miami, FL 33131

City, State and Zip Code

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

For further information concerning this matter, please call:

Beverly Riedy

at (305) 357-8453

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☒ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

01/08/2010 12:45 FAX
850-817-6381

1/8/2010 10:46:49 AM PAGE 1/001 Fax Server

002/004



January 8, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VIPA HEALTH SOLUTIONS, LLC
8660 W FLAGLER ST
SUITE 200
MIAMI, FL 33144

SUBJECT: VIPA HEALTH SOLUTIONS, LLC
REF: L00000014917

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct your document to reflect that it is filed pursuant to the correct statute number.

Please file the resignation pursuant to the 620 (LLC) Law.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H10000004363
Letter Number: 710A00000576

2010 JAN -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

KTG&S Registered Agent Corporation

Name of Registered Agent

, hereby resigns as

Registered Agent for VIPA HEALTH SOLUTIONS, LLC

Name of Limited Partnership or Limited Liability Limited Partnership

L00000014917

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

Beverly Riedy

Signature of Registered Agent

If signing on behalf of an entity:

Beverly Riedy

Typed or Printed Name

Vice President

Capacity

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10 JAN -8 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50

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