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To :

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: KIRK PINKERTON, A PROFESSIONAL ASSOCIATION

Account Number : 071570002600

Phone

: (941)364-2409

Fax Number

: (941)364-2490

REGISTERED AGENT RESIGNATION

BMB HEALTH CARE, LLC

SIVISION OF CORPORATIONS

<u> </u>	
Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$115.00

FAX AUDIT #H03-187133

F8 8 1

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Flori	da Statutes, the undersigned,
David M. Silber	stein	, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	BMB Health Care, LLC	
	(Name of Limited Liability Company) Or
		Y
L01000008406		
(Document Numb	per, if known)	- · ·
A copy of this resignation	n was mailed to the above listed limited l	liability company at its last known address.
The agency is terminated	and the office discontinued on the 31st of Signature of Resigning Agen	day after the date on which this statement is filed.
If signing on behalf of ar	entity:	
	(Typed or Printed Name)	
- / · · ·	(Capacity)	· · · · · · · · · · · · · · · · ·

Active limited liability company
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withdrawn limited liability company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

Prepared by: David M. Silberstein, Esq.

Kirk Pinkerton

720 South Orange Avenue Sarasota, Florida 34236 (941) 364-2481

Atty. Bar #0436879

FAX AUDIT #H03-1871: