

LO1000020803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO1-20803

(Document Number)

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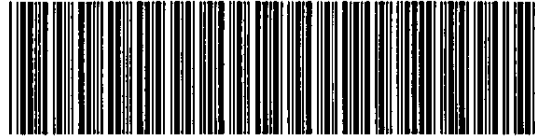
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*[Signature]*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alternative Health Care Associates L.L.C.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L01000020803

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:

Michele Leilani Badanek  
(Name of Person)

Alternative Health Care Associates  
(Name of Firm/Company)

P.O. Box 830189  
(Address)

Ocala, Florida 34483-0189  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Leilani Badanek at (352) 274-8094  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MILTON H. BAKLEY II

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Alternative Health Care Associates L.L.C.

(Name of Limited Liability Company)

L01000020803

(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.

Milton H. Bakley II (MHB)

(Signature of Resigning Agent)

If signing on behalf of an entity:

Michele Leilani Badanek (MGR)

(Typed or Printed Name)

General Manager (MGR)

(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

FILED  
06 NOV 13 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA