

L020000034469

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SPECTOR GADON
Account Number : I20030000027
Phone : (215) 241-8893
Fax Number : (215) 241-8844

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JZbrlich@lawmgr.com

**LLC REGISTERED AGENT RESIGNATION
FLORIDA INSTITUTE FOR LONG TERM CARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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EXAMINER

Aug. 4. 2011 10:03AM

H110001967043 No. 2795 P. 2/3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Institute for Long Term Care, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L02000034469

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:

Jill Ehrlich, Paralegal
Name of Person

Spector Gadon & Rosen, P.C.
Name of Firm/Company

1635 Market Street, 7th Fl
Address

Philadelphia, PA 19103
City/State and Zip Code

jehrich@lawsgr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Ehrlich at (215) 241-8833
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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No. 2795 P. 3/3
H110001464043

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,

SPECTOR GADON & ROSEN, LLP

, hereby resigns as

Name of Registered Agent

Registered Agent for Florida Institute of Long Term Care, LLC

Name of Limited Liability Company

L02000034469

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:

Jill Ehrlich

Typed or Printed Name

Paralegal for Spector, Gadon & Rosen, P.C.

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

INHS17 (08/05)

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