

L03000010506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

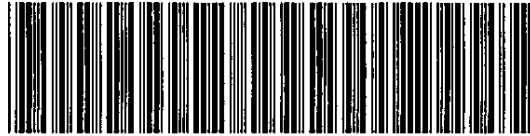
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200280347082

12/29/15--01016--024 \*\*25.00

FILED  
2015 DEC 28 A 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 30 2015

S MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Orchid LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000010506

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:

Peter Harrigan

\_\_\_\_\_  
Name of Person

Orchid Healthcare Services, LLC

\_\_\_\_\_  
Name of Firm/Company

1177 George Bush Blvd, Suite 400

\_\_\_\_\_  
Address

Delray Beach, FL 33483

\_\_\_\_\_  
City/State and Zip Code

pharrigan@palmpartners.com

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

For further information concerning this matter, please call:

Peter Harrigan

\_\_\_\_\_  
Name of Person

at ( 561 ) 921-6124  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Evelyn Olavarria

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for The Orchid, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L03000010506

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2015 DEC 28 A 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## **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**