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REGISTERED AGENT RESIGNATION  
SENIOR HEALTH MANAGEMENT-GULF COAST, LLC

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No. 0444 P. 2

## 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 Senior Health Management-Gulf Coast, LLC

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

L03000018831

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:

Nikki Sobel

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

Office Manager

\_\_\_\_\_  
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withdrawn limited liability company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

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