

L03000018931

(Requestor's Name)

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TALLAHASSEE, FLORIDA

D. BRUCE

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EXAMINER

SPECTOR GADON & ROSEN, P.C.

NEW JERSEY OFFICE:
1000 LENOLA ROAD
P.O. BOX 1001
MOORESTOWN, NJ 08057
[856] 778-8100
FAX: [856] 722-5344

NEW YORK OFFICE:
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36TH FLOOR
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FLORIDA OFFICE:
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701
[727] 896-4600
FAX: [727] 896-4604

Jill Ehrlich
Paralegal

October 8, 2010

DIRECT DIAL NUMBER
[215] 241-8833
[215] 531-9126 FAX

VIA FIRST CLASS MAIL

Florida Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Senior Health Management – Gulf Coast, LLC

Dear Sir/Madam:

Enclosed please find for filing Resignation of Registered Agent for a Limited Liability Company. I have enclosed a check in the amount of \$25 for the fee for a Dissolved LLC. Kindly, return receipt of filing to the undersigned.

Thank you.

Very truly yours,

Jill S. Ehrlich
Jill S. Ehrlich
Paralegal

Enc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2010

JILL EHRLICH, PARALEGAL
SPECTOR & GADON & ROSEN, P.C.
1635 MARKET STREET, 7TH FLOOR
PHILADELPHIA, FL 19103

SUBJECT: SENIOR HEALTH MANAGEMENT-GULF COAST, LLC
Ref. Number: L03000018931

We have received your document for SENIOR HEALTH MANAGEMENT-GULF COAST, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 510A00023312

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TALLAHASSEE, FLORIDA

SPECTOR GADON & ROSEN, P.C.

NEW JERSEY OFFICE:

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MOORESTOWN, NJ 08057
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Jill Ehrlich
Paralegal

September 27, 2010

DIRECT DIAL NUMBER

[215] 241-8833
[215] 531-9126 FAX

VIA U.S. FIRST-CLASS MAIL

Florida Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Senior Health Management – Gulf Coast, LLC

Dear Sir/Madam:

Enclosed please find for filing Resignation of Registered Agent for a Limited Liability Company. Please deduct \$25.00 from our firm's depository account I20030000027 for the filing fee for a Dissolved LLC. Kindly, return receipt of filing to the undersigned.

Thank you.

Very truly yours,

Jill S. Ehrlich
Jill S. Ehrlich
Paralegal

Enc.

cc: Brooke C. Madonna, Esq. (w/encl.)

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10 OCT 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Senior Health Management - Gulf Coast, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000018931

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 Floor
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 , Paralegal 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name of Registered Agent

, hereby resigns as

Registered Agent for Senior Health Management - Gulf Coast, LLC

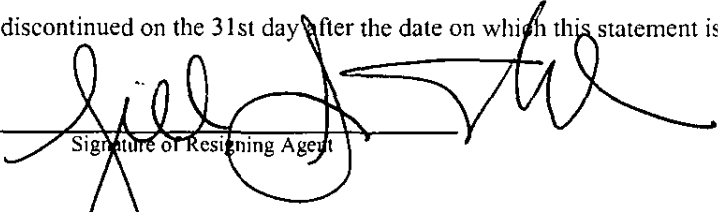
Name of Limited Liability Company

L03000018931

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, Paralegal

Typed or Printed Name

Paralegal

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314