

LOB0000031109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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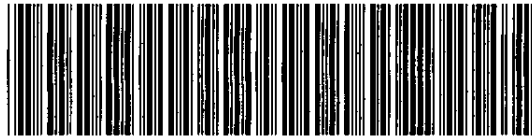
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OCT 21 2009

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tri-State Healthcare of Huber Heights, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000031109

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:

Tami Gerardi
Name of Person

National Corporate Research, Ltd.
Name of Firm/Company

615 South DuPont Highway
Address

Dover, DE 19901
City/State and Zip Code

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

For further information concerning this matter, please call:

Tami Gerardi at (800) 483 1140
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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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,

National Corporate Research, Ltd., Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for Tri-State Healthcare of Huber Heights, LLC


Name of Limited Liability Company

L03000031109

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:

Wayne Rafanelli

Typed or Printed Name

Vice President

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