

LD300003117

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tri-State Healthcare of West Carrollton, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000031117

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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., hereby resigns as

Name of Registered Agent

Registered Agent for Tri-State Healthcare of West Carrollton, LLC

Name of Limited Liability Company

L03000031117

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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