Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000268143)))



H1 0000**002881 43ABC**A

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

Account Name : SPECTOR GADON Account Number : 120030000027 Phone : (215)241-8893

Fax Number : (215)241-8844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.

Email Address:____



REGISTERED AGENT RESIGNATION SENIOR HEALTH MANAGEMENT-HQ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509. Florida Statutes, the undersigned,	
Spector Ga	adon & Rosen LLP , hereby resigns as	
Nome o	[Registered Agen)	
Registered Agent for	Senior Health Management-HQ, LLC	
	Name of Limited Liability Company	
L040000266		
Document Number, if	KNOND ,	
A copy of this resignation was t	nailed to the above listed limited liability company at its last known address.	
The agency is terminated and th	e office discontinued on the 31st day after the date on which this anatoment is filed. Signature of Resigning Agent	
l'signing on behalf of an entity	:	10 FEB -5
	Nikki Sobel	
	Typed or Printed Name	1
	Office Manager	ان
	Capacity	呈
,		چ

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tailnhasses, FL 32314

INHS17 (08/05)

THE THANKSEE, PLANS 21