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LAZARUS

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**LLC REGISTERED AGENT RESIGNATION
CARE PLUS CENTER, LLC**

Certificate of Status	0
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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,

Maria J. Napoles

Name of Registered Agent

, hereby resigns as

Registered Agent for

CARE PLUS CENTER, LLC

Name of Limited Liability Company

L04000058768

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.

M. Napoles

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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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