

L05000122924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

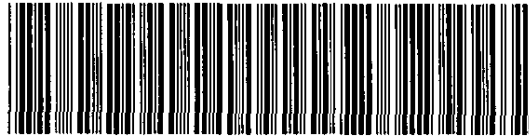
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DIVISION OF CORPORATIONS
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EXAMINER

GRAY ROBINSON
ATTORNEYS AT LAW

SUITE 600
301 SOUTH BRONOUGH ST. (32301)
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FAX 850-222-3494
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gray-robinson.com

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JACKSONVILLE
KEY WEST
LAKELAND
MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

E-MAIL ADDRESS
maluber@gray-robinson.com

September 29, 2009

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: ValuHealth, LLC
Registered Agent: William A. Grimm
Document Number: L05000122924
Our File No. 135746-1

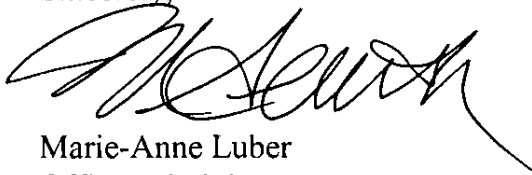
Dear Madam or Sir:

Enclosed for filing, please find an original and one copy of the form: **RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY** for **VALUHEALTH LLC**.

This firm's check in the amount of \$85.00 is enclosed. Upon receipt of this request, please file the original and date-stamp the copy of this letter for return for our files. Please call me if you have any questions (850-577-9090).

Thank you for your assistance in this matter.

Sincerely,



Marie-Anne Luber
Office Administrator

Enclosures

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**RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416(2) OR 608.509, Florida Statutes, the undersigned,

William A. Grimm

(Name of Registered Agent)

hereby resigns as Registered Agent

for ValuHealth, LLC

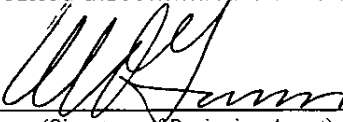
(Name of Limited Liability Company)

L05000122924

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

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Fee for filing this document:

\$85.00 – Active limited liability company

\$25.00 – Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**