

LD60000049536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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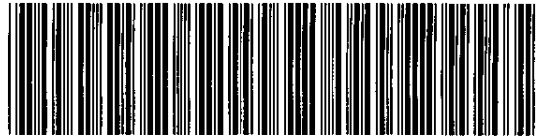
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 21 2008

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** APPLIED RESEARCH CENTER FOR HEALTH EDUCATION, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L060000 49536

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:

PATRICIA A. Conant  
(Name of Person)

Arche  
(Name of Firm/Company)

339 4th Ave S  
(Address)

St Petersburg, FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA A. Conant at (813) 477 8768  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TINA R. HENDERSON, hereby resigns as  
(Name of Registered Agent)

Registered Agent for APPLIED RESEARCH CENTER FOR  
HEALTH EDUCATION, LLC.  
(Name of Limited Liability Company)

LD60000 49536  
(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.

Tina R. Henderson  
(Signature of Resigning Agent)

If signing on behalf of an entity:

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