

LOG000084306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

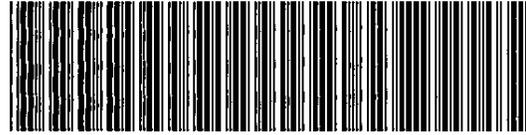
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RA Resign  
Tears  
11-1-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miami Health District Holdings, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000084306

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:

Arvinder S. Bajaj  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

6825 West Sunrise Blvd.  
Address

Plantation FL 33313-4512  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arvinder Bajaj at (954) 791-6050  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

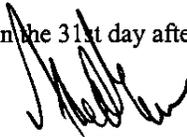
Arvinder Bajaj, hereby resigns as  
Name of Registered Agent

Registered Agent for Miami Health District Holdings, LLC  
Name of Limited Liability Company

L06000084306  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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TALLAHASSEE, FL

**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