12/20/2018

Division of Corporations

## Florida Department of State

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From:

Account Name : CONTEGA BUSINESS SERVICES, LLC

Account Number : I2006000142 Phone : (904)301-1269 Fax Number : (904)301-1279

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

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## LLC REGISTERED AGENT RESIGNATION EHEALTHPLANNING CONSULTANTS, LLC

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011.	5, Florida Statutes, the undersi	igned,		
Contega Business	Services, LLC	1	hereby resigns a	ıq	
	Name of Registered Age	11	• •	~	
Registered Agent for	HEALTHPLANNII	NG CONSULTANTS, LL	<u>c</u>		<del></del>
	Name of Lim	ited Liability Company			
L07000107259					
Document N	umber, if known	<del></del>			
The agency is terminate	ed and the office disco	ntinued on the 31st day after the state of Resigning Agent	he date on whic	h this stater	nent is filed.
If signing on behalf of a	an entity:			#*· **	
<b>.</b>	-	ss Services, LLC, by	- + 		<del></del>
		yped or Printed Name nill II, Executive Vice Pre	sident 2	RES.	FILED
	yviitaititti	Capacity	<u> </u>		'n
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	<i>ipany</i> Voluntarily dis	A ID 3U	O

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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