

L080000 602180

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature and date 6/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CSR Healthcare Holdings, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000068482

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:

Martin Revello
Name of Person

Name of Firm/Company

1753 W. Fletcher Avenue
Address

Tampa, FL 33612
City/State and Zip Code

MRevello@primecarellc.com

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

For further information concerning this matter, please call:

Martin A. Traber
Name of Person

at (813) 225-4126
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

F&L Corp., hereby resigns as

Name of Registered Agent

Registered Agent for CSR Healthcare Holdings, LLC

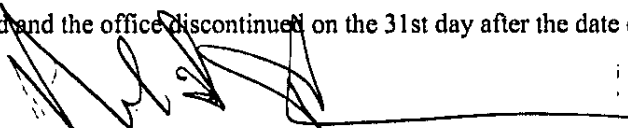
Name of Limited Liability Company

L08000068482

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:

F&L Corp.

Typed or Printed Name

Partner

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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:
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Tallahassee, FL 32314

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