

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SPECTOR, GADON & ROSEN, P.C.
Account Number : I20030000027
Phone : (215) 241-8893
Fax Number : (215) 241-8844

****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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
THEMIS HEALTH MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 18 AM 8:37

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Corporate Filing Menu

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B. BOSTICK
AUG 19 2011
EXAMINER

Aug. 18. 2011 12:18PM

No. 2838, O.P. 2066453

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Themis Health Management LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000084487

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:

Jill Ehrlich, Paralegal
Name of Person

Spector Gadon & Rosen
Name of Firm/Company

1635 Market Street, 7th FL
Address

Philadelphia, PA 19103
City/State and Zip Code

jehrich@lawsgr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Ehrlich at (215) 241-8833
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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11 AUG 19 AM 8:37
STATE
TALLAHASSEE, FLORIDA

H 110002066453

Aug. 18. 2011 12:18PM

H 110002 No. 283845 P. 3

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,

Spector Gadon & Rosen, LLP.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Themis Health Management, LLC

Name of Limited Liability Company

~~L 09000084487~~

Document Number, if known

L 09000084487

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:

Steven F. Gadon

Typed or Printed Name

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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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CLERK OF FLORIDA
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