

01/20/2021 13:13 FAX

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Division of Corporations

Florida Department of State
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LLC REGISTERED AGENT RESIGNATION
MTN HEALTHCARE GROUP LLC

Certificate of Status	0
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346
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STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CF REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MTN HEALTHCARE GROUP LLC

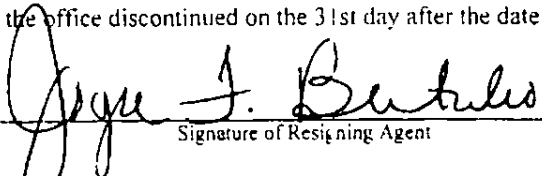
Name of Limited Liability Company

1.09000095212

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:

JOYCE F. BENTUBO

Typed or Printed Name

DIRECTOR/SECRETARY

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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