

01/12/2018 11:02  
1/12/2018

Blalock Walters

Division of Corporations

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P.001/002

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

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Account Number : 076666003611  
Phone : (941)748-0100  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: epennington@blalockwaltersheld.com

LLC REGISTERED AGENT RESIGNATION  
AMBASSADOR HEALTH SOLUTIONS, LLC

Certificate of Status	0
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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,

Richard Glass

hereby resigns as

Name of Registered Agent

Registered Agent for Ambassador Health Solutions, LLC

Name of Limited Liability Company

L10000084049

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:

RICHARD GLASS

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withdrawn limited liability company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

18 JAN 12 PM 2:49  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

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