

112000032009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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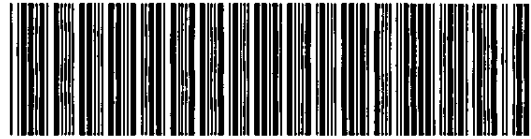
(Business Entity Name)

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14 FEB 25 AM 9:30  
STATE OF MISSISSIPPI  
FALL ARIZONA 1483A

J. Stivers FEB 26 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAFE HEART USA, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000032009

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:

**Rene**

Name of Person

**The Draves Law Firm, P.A.**

Name of Firm/Company

**120 E. Concord St.**

Address

**Orlando, FL 32801**

City/State and Zip Code

**rene@draveslawfirm.com**

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

For further information concerning this matter, please call:

**Rene**

Name of Person

at ( **407** ) **423-1183**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

Registration 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 605.0115, Florida Statutes, the undersigned,

**Donna L. Draves**

Name of Registered Agent

, hereby resigns as

Registered Agent for **SAFE HEART USA, LLC**

Name of Limited Liability Company

**L12000032009**

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:

Typed or Printed Name

Capacity

14 FEB 25 20 09 30  
TALLAHASSEE, FL 32314

### **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