

11/21/24, 3:52 PM

Division of Corporations

(((H24000387614 3)))

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLICK LAW GROUP, P.L.

Account Number : 120100000023

Phone : (407)273-1045

Fax Number : (407)273-1058

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
PROCARE HEALTH & REHAB CENTERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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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,

Lifeboat Registered Agents, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Procure Health & Rehab Centers, LLC

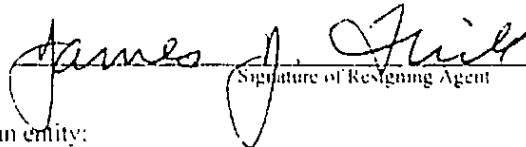
Name of Limited Liability Company

LI2000156806

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:

James J. Flick

Typed or Printed Name

Manager

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

APPROVED
AND
FILED
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CLERK OF THE COURT
JAMES J. FLICK

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

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