

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stem Care Miami, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 213000037993

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:

Maria Castaneda
Name of Person

Stem Care Miami, LLC
Name of Firm/Company

8770 Sunset Dr. #460
Address

Miami, Florida 33173
City/State and Zip Code

mcastaneda@gallowayhomehealth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Castaneda at (305) 273-4484
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2013 JUN 11 AM 8:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA
FILED

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,

Lourdes Kramer, hereby resigns as
Name of Registered Agent

Registered Agent for Stem Cx4 Miami, LLC
Name of Limited Liability Company

L13000037993
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Lourdes Kramer
Typed or Printed Name

Capacity

2013 JUN 11 AM 8:50
FILED
STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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