

L13000068074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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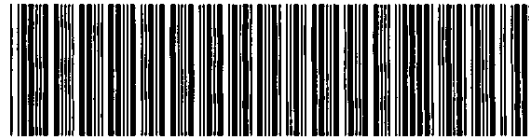
(Business Entity Name)

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C. LEWIS
AUG 19 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000068074

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:

NELSON KRAMCAK
Name of Person

HEALTHCARE PARTNERS, LLC
Name of Firm/Company

1501 MS Hwy 441 N. Suite 1204
Address

THE VILLAGES, FL 32159
City/State and Zip Code

nkramcak@md-one.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELSON KRAMCAK at (352) 704 333
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

NEHME GABRIEL, hereby resigns as
Name of Registered Agent

Registered Agent for HEALTHCARE PARTNERS, LLC
Name of Limited Liability Company

L17000068074
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.

Gabriel
Signature of Resigning Agent

If signing on behalf of an entity:

NEHME GABRIEL
Typed or Printed Name
MBR
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

INHS17 (2/14)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS