

04/02/2015 08:27 FAX

Division of Corporations

001/002

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**L14000018151**

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Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : CARLTON FIELDS  
Account Number : 07607000355  
Phone : (813)223-7000  
Fax Number : (813)229-4133

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

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LLC REGISTERED AGENT RESIGNATION  
WEST CENTRAL FLORIDA HEALTH ALLIANCE, LLC

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

15 APR -2 AM 10:00

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INFORMATION SERVICES

15 APR -2 AM 9:06

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APR 03 2015

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T. CARTER

04/02/2015 08:27 FAX

002/002

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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,

CFRA LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for WEST CENTRAL FLORIDA HEALTH ALLIANCE, LLC

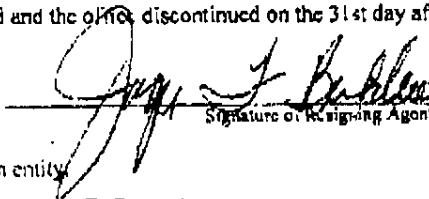
Name of Limited Liability Company

L14000018151

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

Joyce F. Bentubo

Typed or Printed Name

Secretary

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 6317  
Tallahassee, FL 32314

INHS17 (2/14)

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