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To:

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

From:

Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

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
HAVEN HOME HEALTH CARE II, LLC**

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

T. LEE JX

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC, hereby resigns as

Name of Registered Agent

Registered Agent for HAVEN HOME HEALTH CARE II, LLC

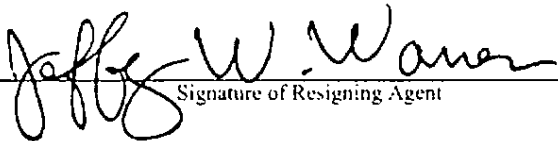
Name of Limited Liability Company

L14000179106

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:

JEFFREY W. WARREN, ESQ.

Typed or Printed Name

VP OF BUSH ROSS REGISTERED AGENT SERVICES, LLC

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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