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

From:  
Account Name : MACFARLANE FERGUSON & MCMULLEN  
Account Number : 076077001654  
Phone : (813)273-4229  
Fax Number : (813)273-4396

\*\*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 HEALTH & WELLNESS SERVICES, LLC**

Certificate of Status	0
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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,

**NATALIE C. ANNIS**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **HAVEN HEALTH & WELLNESS SERVICES, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L14000179118**

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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