

L150000 0 8463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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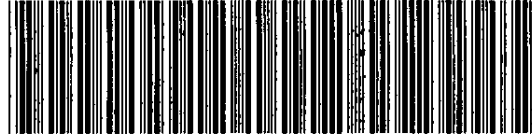
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Northeast Health Insurance Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000008463

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:

Bonnie Yerry

Name of Person

Corporation Service Company

Name of Firm/Company

80 State Street

Address

Albany NY 12207

City/State and Zip Code

byerry@cscinfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Yerry at ( 800 ) 927-9801 ext. 63002  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**CORPORATION SERVICE COMPANY**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **Northeast Health Insurance Services, LLC**

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

**L15000008463**

\_\_\_\_\_  
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.

**Corporation Service Company**

*Bonnie Yerry*  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Bonnie Yerry**

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

**Asst. 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 6327  
Tallahassee, FL 32314**

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