

L15000069506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

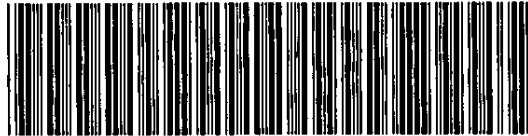
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 16 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Plum Village Health Institute, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000069506

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:

Barbara Irizarry

Name of Person

Plum Village Health Institute, LLC

Name of Firm/Company

555 SW 148th Ave

Address

Sunrise, Florida 33325

City/State and Zip Code

Barbaral@plumvillagehealth.org

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

For further information concerning this matter, please call:

Barbara Irizarry

at ( 954 ) 534-5773

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**Louis Bombart**

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

, hereby resigns as

Registered Agent for **Plum Village Health Institute, LLC**

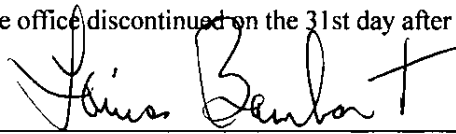
\_\_\_\_\_  
Name of Limited Liability Company


**L15000069506**

\_\_\_\_\_  
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

*To comply with organization rules*  


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