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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

\$85.00

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 HOSPICE HOLDINGS, LLC Certificate of Status Certified Copy Page Count 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 ur	ndersigned.
TAYLOR R. HESS	
Name of Registered Agent	, hereby resigns as
Registered Agent for HAVEN HOSPICE HOLDINGS, LLC	
Name of Limited Liability Company	
L15000147576	DIVISION TO THE
Document Number, if known	islo
A copy of this resignation was mailed to the above listed limited liabili-	ty company at its last known address.
The agency is terminated and the office discontinued on the 31st day at Significant of Resigning Agen	fter the date on which this statement is fied.
If signing on behalf of an entity:	ίν
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withdrawn limited liability company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

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