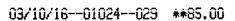
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(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
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MAR 1 1 2016 J SHIVERS

Registration Section Division of Corporations TO: Balanced Health Concierge LLC SUBJECT: Name of Limited Liability Company L15000182716 **DOCUMENT NUMBER** 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: Neil E. Snyder, Esquire Name of Person Law Offices of Hodge and Snyder Name of Firm/Company 651 South Collier Blvd Suite 2H Address Marco Island, Florida 34145 City/State and Zip Code NSnyder@hodgeandsnyder.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Neil Synder 239 430-0001 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011 Bradley Shayne Ferringo	15, Florida Statutes, the u	_	
Name of Registered Agent		_, hereby resigns as	
Balanced Health C			
Registered Agent for			
Name of Lir	nited Liability Company		
L15000182716			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liabil	lity company at its last known address.	
The agency is terminated and the office disco	ontinued on the 31st day a	after the date on which this statement is filed.	
Bradley Shayne Fe	erringo Signature of Resigning Ago	ni Colonia de la	
If signing on behalf of an entity:		16 IALL)	
	Typed or Printed Name	MAR II	
	Capacity	AM 8: 2	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314