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LLC REGISTERED AGENT RESIGNATION ACT HEALTHCARE, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 605.0115, Florida Statutes, the undersigned,	
Cara L. Chieffallo	, hereby resign	ns as
Na	ne of Registered Agent	io do
Registered Agent for ACT	Healthcare, LLC	
	Name of Limited Liability Company	1
L15000207496		
Document Number	r, if known	
A copy of this resignation v	vas mailed to the above listed limited liability company at its	s last known address.
The agency is terminated ar	nd the office discontinued on the 31st day after the date on v	which this statement is filed.
	Cara J Chieffalle Signature of Respujing Agent	er -
lf signing on behalf of an ei	\sim	16 APR - 7
, najoran	Typed or Printed Name	7t. Da 1275
	Capacity	F1 0-144

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Tallahassee, FL 32314