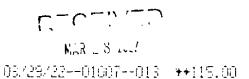
L16000 146091

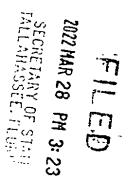
(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Daywood Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
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APR 1 2 2022			

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000146091	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Michael A Eurich	•
Name of Person	
Big Bend Hospice, Inc.	
Name of Firm/Company	
1723 Mahan Center Boulevard	
Address	
Tallahassee Florida 32308	
City/State and Zip Code	
maeurich@bigbendhospice.org	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael A Eurich	408-0791
Name of Person at (Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved limited liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Florida Statute	s the undersioned	R 28 IARY ASSE
Michael A Eurich	,	<u> </u>	25 PH
Nan	ne of Registered Agent	, hereby resigns as	ြား္ကို မွာ 🛴
Registered Agent for Oak Tree Treasures, LLC		·····	23
	Name of Limited Liability Compa	any	······································
L16000146091			
Document Number	, if known		
	as mailed to the above listed limited the office discontinued on the 31		
_	Signature of Resign		s succession is theu.
If signing on behalf of an ent	ity:		
	Typed or Printed Name	ė	
	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 Tallabassee, FL 32314