

L17000 048 241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

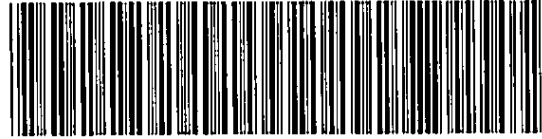
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

Y SULKER
DEC 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melior Health Partners LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000048241

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:

Julie Carbone

Name of Person

Melior Health Partners LLC

Name of Firm/Company

1645 Palm Beach Lakes Blvd, 1010

Address

West Palm Beach, FL 33401

City/State and Zip Code

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

For further information concerning this matter, please call:

Julie Carbone

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Sivyer Barlow & Watson, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Melior Health Partners LLC

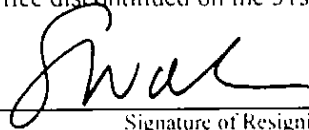
Name of Limited Liability Company

L17000048241

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

If signing on behalf of an entity:

Stephen E. Walker

Typed or Printed Name

Partner

Capacity

FILED
2013 NOV 12 PM 3:32
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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