

L17000134500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

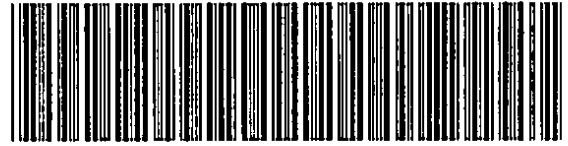
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2022 MAR 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

TAVARES SENIOR LIVING, LLC

SUBJECT: _____
Name of Limited Liability Company

L17000134500

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:

MARC FLORES

Name of Person

SEACOAST HEALTH SYSTEMS, INC

Name of Firm/Company

410 S WARE BLVD, SUITE 1001

Address

TAMPA FL 33619

City/State and Zip Code

mflores@seacoasthealthsystems.com

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

For further information concerning this matter, please call:

MARC FLORES

352

208-7556

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
KEVIN MCGUINNESS

_____ hereby resigns as

Name of Registered Agent

TAVARES SENIOR LIVING, LLC

Registered Agent for _____

Name of Limited Liability Company

L17000134500

_____ Document Number, if known

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KEVIN MCGUINNESS

Typed or Printed Name

REGISTERED AGENT

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