

L17000166490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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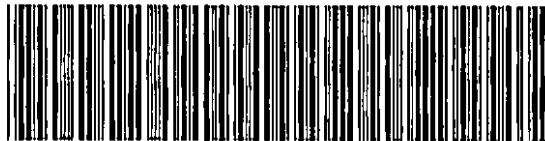
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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S. PRATHEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patriot Health, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000166490

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:

Charles F. Mathias

Name of Person

Pacific Registered Agents, Inc.

Name of Firm/Company

P.O. Box 5040

Address

Salem, OR 97304-0040

City/State and Zip Code

charlesmathias@pacificagents.com

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

For further information concerning this matter, please call:

Charles F. Mathias

Name of Person

at (503) 375-9876

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pacific Registered Agents, Inc. hereby resigns as
Name of Registered Agent

Registered Agent for Patriot Health, LLC
Name of Limited Liability Company

L17000166490
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:

Charles F. Mathias
Typed or Printed Name
President
Capacity

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2019 APR - 1 PM 6:31
TALLAHASSEE, FL

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