

L18 0000 704Z4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

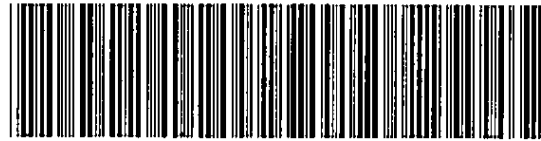
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Ridge Healthcare Camellia LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000070424

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:

Levi Rudd

Name of Person

Symmetry Healthcare Management LLC

Name of Firm/Company

1351 Sawgrass Corp Pkwy Ste 100

Address

Sunrise, FL 33323

City/State and Zip Code

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

For further information concerning this matter, please call:

Levi Rudd

at ( 786 ) 317-3401

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Symmetry Healthcare Management LLC

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Blue Ridge Healthcare Camellia LLC

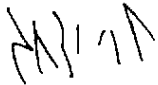
\_\_\_\_\_  
Name of Limited Liability Company

L18000070424

\_\_\_\_\_  
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:

Levi Rudd

\_\_\_\_\_  
Typed or Printed Name

CEO

\_\_\_\_\_  
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**