

L19000158720

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(City/State/Zip/Phone #)

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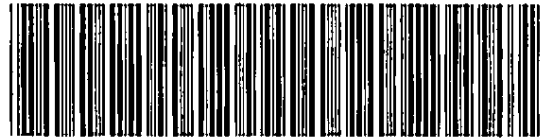
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C&M Gifted Hands Healthcare Institute LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000158720

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:

CANDACE BROWN  
Name of Person

C&M Gifted Hands Healthcare Institute LLC  
Name of Firm/Company

14207 MINDELLO Drive  
Address

Pinellas FL 33905  
City/State and Zip Code

Giftedhandshealcareinst@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDACE BROWN at (904) 508-3990  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MICHELETA C BAILEY, hereby resigns as  
Name of Registered Agent

Registered Agent for C&M Gifted Hands Healthcare Institute LLC  
Name of Limited Liability Company

L190000158720  
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.

Michele Bailey  
Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
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