## Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000231042 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

)	**Enter the email address for this business entity to b  WAY  Annual report mailings. Enter only one email addre  Email Address:  Column 1	e used for	future
}		ess pleas∈.'	••
	LLC REGISTERED AGENT RESIGNA  AV LIFE & HEALTH INSURANCE I		SECRETA ALAIM

## LLC REGISTERED AGENT RESIGNATION AV LIFE & HEALTH INSURANCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$115.00

Electronic Filing Menu

Corporate Filing Menu

Help

ESPS O E HUL K Brumbiey

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	e undersigned
ANA MESA		
	Name of Registered Agent	hereby resigns as
Registered Agent for _	AV LIFE & HEALTH INSURANCE LLC	
	Name of Limited Liability Company	
L21000301825	,	
	umber, if known	
A copy of this resignati	on was mailed to the above listed limited lia	bility company at its last known address
The agency is terminate	sd and the office discontinued on the 31st day  Signature of Resigning A	y after the date on which this statement is filed.
If signing on behalf of a	n entity:  ANN PESA  Typed or Printed Name	
	Capacity	APPROVED AND FILED JUN 29 AM I WASSEE, FL
	FILING FEES: \$ 85.00 Active limited liabili \$ 25.00 Administratively diss withdrawn limited li	ty company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314