L21000316209

(Requestor's Name)						
(Address)						
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UI	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DENNIS						
JUL 2 € 2023						
						

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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone. (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE:

5/16/2023

STATE: REP UNIT: FLORIDA
ORANGE CARE HOLDCO I, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33183 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115,	Florida Statutes, th	e undersigned.	
Capito	l Corporate Servic	es, Inc.	hereby resigns as	
	Name of Registered Agent			
Registered Agent for	OR	ANGE CARE I	HOLDCO I, LLC	
<u> </u>		Name of the Limited	Liability Company	
	0316209 Imber, if known			
A copy of this resignation	on was mailed to the abo	ove listed limited li	ability company at its last know	n address.
The agency is terminated	d and the office disconti	inued on the 31st d	ay after the date on which this s	tatement is filed.
		Signature of Resigning	Agent	
If signing on behalf of a	n entity:			
	Υve	ette Cleveland		
	Typed or Printed Name			⊳ 3
	Assistant Secretary			#F (F20)
	Capacity			₹ .₹
				RETARY 22
	FILING F \$ 85.00 \$ 25.00	Active limited liab Administratively d	oility company dissolved/ voluntarily dissolved Hiability company	OF STATE PM 6: 17
			nent of State and mail to:	
	Ι	Division of Corporat	tions	
		P.O. Box 6327	21.1	
		Tallahassee, FL 32.	J1→	

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Return Acknowledgement to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 800.345.4647