

L21000414341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

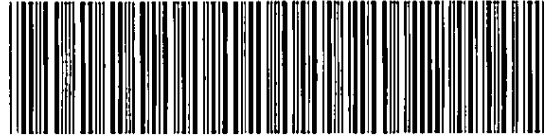
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN 30 PM 1:37

STATE OF NEW YORK

Ra Resignation

FEB 13 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHSTREAM BEHAVIORAL HEALTH SERVICES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000414341

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:

RA Services

Name of Person

First Corporate Solutions Inc

Name of Firm/Company

914 S St

Address

Sacramento CA 95811

City/State and Zip Code

RAServices@ficoso.com

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

For further information concerning this matter, please call:

RA Services

Name of Person

at

844

Area Code

392-7588

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2024 JAN 30 PM 1:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FIRST CORPORATE SOLUTIONS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for NORTHSTREAM BEHAVIORAL HEALTH SERVICES LLC

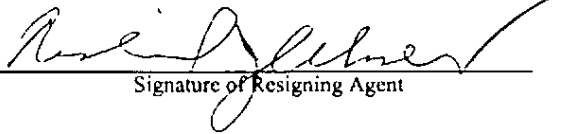
Name of Limited Liability Company

L21000414341

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:

Richard Ahrens

Typed or Printed Name

CFO

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

SECRETARY OF STATE
TALLAHASSEE, FL

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