# L210001443722

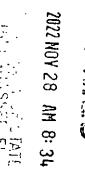
(R	Requestor's Name)	<u> </u>	
(A	address)		
<u> </u>	(ddress)		
(C	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

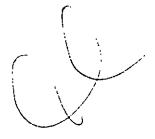
Office Use Only



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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.com

1880875

### REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

1960 Vendor#

Florida Department of State TO:

Division of Corporations PO Box 6327

Tallahassee, FL 32314

Return Shipping:

Ref Number:

IEmail:

FAX: 850-687-6381

EMAIL:

NAME: SUNHEALTH ESSENTIALS LLC

#### FILE REGISTERED AGENT RESIGNATION

State

County

FL

#### PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

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

Pursuant to the provisi	ons of section 605.0115, Florida Statut	es, the undersigned,	
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as	
	Name of Registered Agent	,	
Registered Agent for _	SunHealth Essentials LLC		
	Name of Limited Liability Com	pany	,
L21000443722			
Document ?	Number, if known		
A copy of this resignar	tion was mailed to the above listed limi	ited liability company at its last known addi	ress.
The agency is terminal	ted and the office discontinued on the 3	Hst day after the date on which this stateme	ent is filed.
	Edma Uraz	_	- >
	Signature of Resi	gning Agent	182.
If signing on behalf of an entity:			7022 HOV 28
	EDNA PERRY		28
	Typed or Printed Na	me S	- 577
	Asst. Secretary Rocket Lawyer Corpor	ate Services LLC	
	Capacity	ال الله الله	H 8: 34

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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