# L21000525110

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### **COVER LETTER**

Division of Corporations SUBJECT: Silver Healthcare Consulting LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000525110 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

For further information concerning this matter, please call:

Name of Person

#### **MAILING ADDRESS:**

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the ur	ndersigned.	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	<u> </u>	
L21000525110			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabil	ity company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day a	after the date on which this statement is filed.	
	Signature of Resigning Age	2023 JAN 20	
If signing on behalf of a	an entity:	1	
	Cheyenne Moseley	20	
	Typed or Printed Name	Agents, Inc.	
	Asst. Secretary for United States Corporation	Agents, Inc.	
	Capacity	TATE	

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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