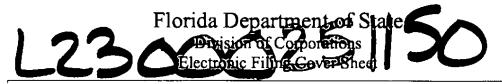
7/3/23, 4:17 PM

Division of Corporations



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.

(((H23000234910 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 : PARASEC Account Number : I20180000086 : (916)576-7000 : (800)603-5868 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC REGISTERED AGENT RESIGNATION INTEGRITY HEALTH PARTNERS - AFC I LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 0 6 2023

<. Brumbi≠y

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	risions of section 605.0115, Florida Stat	utes, the undersigned,		
ROCKET LAWYER CORPORATE SERVICES LLC , h		hereby resigns as	, hereby resigns as	
		,,,,,,		
Registered Agent fo	т <u>Integrity Health Partners - AFC</u>	SILLC		
	Name of Limited Liability Co	mpany	,	
L23000251150				
Docume	nt Number, if known			
A copy of this resign	nation was mailed to the above listed lin	nited liability company at its last	known address.	
The agency is termi	Signature of Re	· -	this statement is filed.	
If signing on behalf	of an entity:			
	EDNA PERRY		79 29	
	Typed or Printed Name		AP Secret Sall and	
	Asst. Secretary Rocket Lawyer Corporate Services L		- 유리 루	
	Capacity		PROVED AND FILED -5 PH ANY OF S ASSECTED	
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrat	ed liability company ively dissolved/voluntarily disso	<u> </u>	

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

withdrawn limited liability company