

L9900000979

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBERT LEE SHAPIRO, P.A.
Account Number : 119990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

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LLC REGISTERED AGENT RESIGNATION ADVANCED RECOVERY CENTER, L.L.C.

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Robert Lee Shapiro, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Advanced Recovery Center, L.L.C.

Name of Limited Liability Company

L99000000979

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:

Robert Lee Shapiro, P.A.

Typed or Printed Name

President

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withdrawn limited liability company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