

M 0000000000620



CT Corporation

111 Eighth Avenue
New York, NY 10011

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

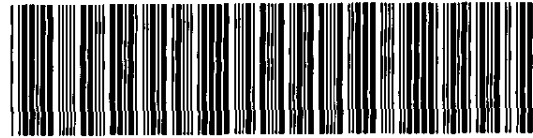
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300197352623

03/31/11--01005--004 **100.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 30 PM 2:38

N. Cuffigan MAR 31 2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 30 PM 2:38

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for PREVALENCE HEALTH, LLC. (IL. DOM.)

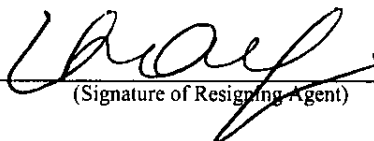
(Name of Limited Liability Company)

M00000000620

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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