

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H10000026828 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) 617-6380

From:

Account Name Account Number : 120030000027

: SPECTOR GADON

Phone

: (215)241-8893

Fax Number

: (215)241-8844

Enter the email address for this business entity to be used for future wailings. Enter only one email address please.

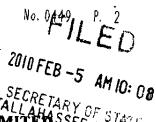
Email Address:

REGISTERED AGENT RESIGNATION SENIOR HEALTH MANAGEMENT - TAMPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu



RESIGNATION OF REGISTERED AGENT FOR A LIMITED SSEE. FLORIDA LIABILITY COMPANY

rundum to the provisions of section 606.4 (62) or 606.505, runtus statutes, the undersigned,		
Spector Gadon & Rosen LLP , hereby resigns as		
Name of Registered Agent		
Registered Agent for	Senior Health Management - Tampa, LLC	
<u>. </u>	Name of Limited Liability Company	
M02000001		
	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	
lf signing on behalf of an entit	y;	
	Nikki Sobel	
	Typod or Printed Name	
	Office Manager	
_ _	Capacity	

EES:
Active limited liability company
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withdrawn limited liability company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

INHS17 (08/05)