

Aug. 12. 2011 4:51 PM
Division of Corporations

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Account Number : 120030000027
Phone : (215) 241-8893
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L. SELLERS

AUG 16 2011

EXAMINER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
FLORIDA INSTITUTE FOR LONG TERM CARE, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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No. 2827 P. 2

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,

Spector Gedon & Rosen, LLP.

, hereby resigns as

Name of Registered Agent

Registered Agent for Florida Institute for Long Term Care, LLC

Name of Limited Liability Company

MO3000002174

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:

Typed or Printed Name

Steven F. Gedon

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withdrawn limited liability company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

INH917 (08/05)