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(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u></u> .
Special Instructions to Filing Officer:	
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### **COVER LETTER**

Division of Corporations	13 
SUBJECT: SOUTH FLORIDA HEALTHCARE INVESTMENTS LLC Name of Limited Liability Company	· Strate
DOCUMENT NUMBER: M12000006021	P.紹 つか
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subr for filing.	nitled
Please return all correspondence concerning this matter to the following:	ŕ
Rhonda Peirce Name of Person	
Capitol Services Registered Agent Department Name of Firm/Company	
800 Brazos, Suite 400 Address	
Austin, Texas 78701  City/State and Zip Code	
rpeirce@capitolservices.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rhonda Peirce at ( 800 ) 345-4647 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active line liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdraw limited liability company.	nited n

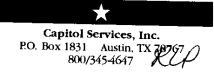
## MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Return acknowledgment to:



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of	section 608.416(2) or 6	508.509, Florida St	atutes, the undersigned,	
Capitol Cor	porate Services	s, Inc.	, hereby resigns as	SSS - 1
Nam	e of Registered Agent			河第 董
Registered Agent for				MIN 32
SOUTH FL	ORIDA HEALT	HCARE INV	ESTMENTS LLC	) P
	Name of Limited Lia	bility Company		
M1200000	6021			
Document Number	if known			
A copy of this resignation wa	as mailed to the above l	isted limited liabili	ty company at its last kno	wn address.
The agency is terminated and	the office discontinued	d on the 31st day at	fter the date on which this	statement is filed.
	Chlugan	nure of Resigning Ager	at .	
If signing on behalf of an ent	ity:			
		Roberts Printed Name		
	7.1	esident		
		acity		

**FILING FEES:** \$ 85.00 Activ \$ 25.00 Admi 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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Furstiant to the provisions of section 608.416(2) or 608.309, Florida Statutes, the unidersigned,	
Capitol Corporate Services, Inc. , hereby resigns as	
Name of Registered Agent	
Registered Agent for	٠,
SOUTH FLORIDA HEALTHCARE INVESTMENTS LLC	سد. اعربي
Name of Limited Liability Company	Į.
M12000006021  Document Number, if known	1 ;·**
<u>M12000006021</u>	٩.
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.	
Chlunga Of Resigning Agent	
If signing on behalf of an entity:	
Cheryl Roberts	
Typed or Printed Name	
President	
Capacity	

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