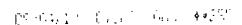
M1600000 244

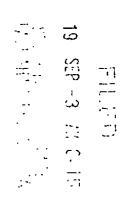
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(======================================		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800333410198





SEP 1 3 2019 S. YOUNG

COVER LETTER

SUBJECT: HEALTHCARE COMPLIANCE SERVICE Name of Limited Lial	
DOCUMENT NUMBER: M16000002441	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Krystal Beckner	
Name of Person	
COGENCY GLOBAL INC.	
Name of Firm/Company	
850 New Burton Rd., Suite 201	
Address	
Dover, DE 19904	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please c	all:
Invoices Team) 621-3524
Name of Person Area C	Ode Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605,0115. Florida S	tatutes, the undersigned.
COGENCY GLOBAL INC.	. hereby resigns as
Name of Registered Agent	
Registered Agent for HEALTHCARE COMPLIANCE	CE SERVICES, LLC
Name of Limited Liability	Company
M16000002441	
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.
Krystal .	Beckner - 5
Signature of	Resigning Agent
If signing on behalf of an entity:	
Krystal Beckner	
Typed or Printe Assistant Secretary, COG	•
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