

6/28/2021

**M16000009103**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC REGISTERED AGENT RESIGNATION  
LIFECARE FUSION HOME HEALTH LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

C T CORPORATION SYSTEM

Name of Registered Agent

, hereby resigns as

Registered Agent for

LIFECARE FUSION HOME HEALTH LLC

Name of Limited Liability Company


M16000009103

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.

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Signature of Resigning Agent

If signing on behalf of an entity:

Kimberly Laughrey

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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