

MIS000010736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

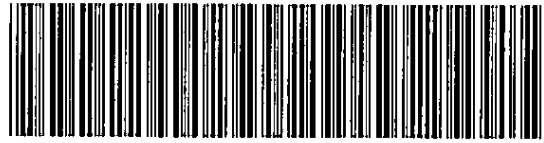
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

85

Office Use Only



000352187910

09/29/20--01033--033 **1142.50

2020 SEP 29 PM 2:55

10

C. GOLDEN

NOV - 5 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARMONY HEALTH PROPCO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M18000010736

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Tolliver
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)

For further information concerning this matter, please call:

Invoices Team at (866) 621-3524
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

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

COGENCY GLOBAL, INC. hereby resigns as
Name of Registered Agent

Registered Agent for HARMONY HEALTH PROPCO, LLC
Name of Limited Liability Company

M18000010736
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.

Kristie Tolliver
Signature of Resigning Agent

If signing on behalf of an entity:

Kristie Tolliver
Typed or Printed Name
Assistant Secretary, COGENCY GLOBAL INC.
Capacity

2011 02 20 PM 2:55

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**