

P150000101811

Florida Department of State
Division of Corporations
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Account Name : CARLTON FIELDS
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DIVISION OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 17 AM 8:35

TO EDO

REGISTERED AGENT RESIGNATION
WEST FLORIDA HEALTH COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUN 18 2021

S. PRATHER

H21000238539

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CFRA LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for WEST FLORIDA HEALTH COMPANY
(Name of Corporation)

P15000101811

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Joyce F Bentubo
(Signature of Resigning Agent)

If signing on behalf of an entity:

JOYCE F BENTUBO

(Typed or Printed Name)

DIRECTOR/SECRETARY

(Capacity)

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2021 JUN 17 AM 8:35
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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