

LO2000001316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

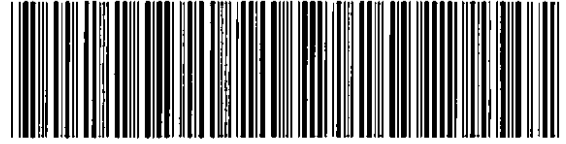
(Business Entity Name)

(Document Number)

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400416767804

*Resignation of  
RA*

10/05/23--01023--012 \*\*85.00

2023 OCT -5 PM 12:37  
STATE OF ARIZONA  
SECRETARY OF STATE

FILED

A. RAMSEY  
OCT 19 2023



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

FILED  
2023 OCT -5 PM 12:31  
FLORIDA DEPARTMENT OF STATE

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

Louise Jeroslow \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Synergy Healthcare Services, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L02000001316  
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.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Louise T. Jeroslow  
\_\_\_\_\_  
Typed or Printed Name  
Law Offices of Louise T. Jeroslow, P.A.  
\_\_\_\_\_  
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withdrawn limited liability company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**