

L09000101538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

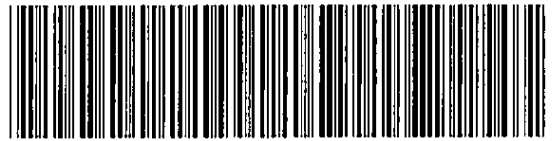
(Business Entity Name)

(Document Number)

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*Re Resignation*

JUL 21 2023

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROMEDICA PLAZA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000101538

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:

DAIRIS ESTRDA

Name of Person

PIEDRA & COMPANY CPA PA

Name of Firm/Company

8950 SW 74 CT STE 1606

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

DAIRIS@VARGASPIEDRA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAIRIS ESTRADA

Name of Person

at ( 305 )

Area Code

671-0003

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 APR 20 AM 11:28

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

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

PIEDRA & COMPANY CPA PA

, hereby resigns as

Name of Registered Agent

Registered Agent for PROMEDICA PLAZA, LLC

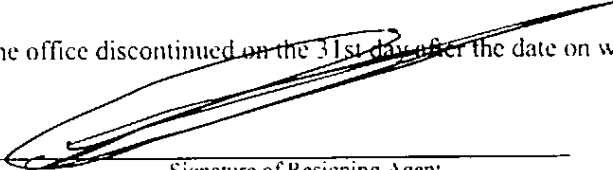
Name of Limited Liability Company

L09000101538

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:

AURELIO A. PIEDRA

Typed or Printed Name

REGISTERED AGENT

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

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