Florida Department of State
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Account Number : I20180000022
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Fax Number : (813)402-0556

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LLC REGISTERED AGENT RESIGNATION
COASTAL ANESTHESIA GROUP, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Anesthesia Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000003023

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:

Radha Bachman
Name of Person

FisherBroyles, LLP
Name of Firm/Company

4830 W. Kennedy Blvd.,Ste. 600
Address

Tampa, FL 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

Radha Bachman at (813) 200-6114
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FisherBroyles, LLP , hereby resigns as
Name of Registered Agent

Registered Agent for Coastal Anesthesia Group, LLC

Name of Limited Liability Company

L11000003023
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:

FisherBroyles, LLP
Typed or Printed Name

Partner
Capacity

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2022 AUG -4 PM 3:49
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.Box6327
Tallahassee, FL 32314

INHS17 (2/14)