

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BACHMAN LEGAL, LLC.
Account Number : I20180000022
Phone : (813)200-6114
Fax Number : (813)402-0556

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ssingh@advancedfl.com

**LLC REGISTERED AGENT RESIGNATION
COASTAL ANESTHESIA GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 04 2022

K Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Anesthesia Group, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.11000003023

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

Name of Person

at (813)

Area Code

200-6114

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Registered Agent

, hereby resigns as

Registered Agent for Coastal Anesthesia Group, LLC

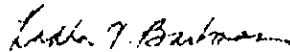
Name of Limited Liability Company

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

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

INHS17 (2/14)

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