

L14 000 172 566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

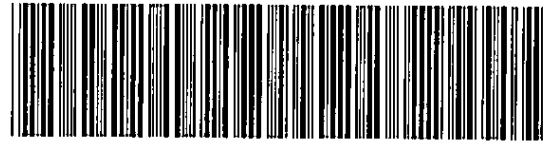
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN -1 AM 9:08
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Immedus Contracting, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000172566

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:

James C. Wyatt

Name of Person

Immedus Contracting, LLC

Name of Firm/Company

130 Penmare Drive, Suite 108

Address

Raleigh, NC

City/State and Zip Code

jwyatt@provantage-corp.com

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

For further information concerning this matter, please call:

James C. Wyatt at (919) 600 - 6160
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for an active limited liability company or ~~\$25.00~~ for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Incorp Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Immedus Contracting, LLC

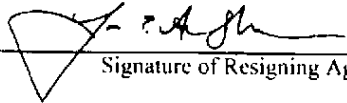
Name of Limited Liability Company

L14000172566

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:

Yara Alfaro-Sullivan for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

TALLAHASSEE, FLORIDA
2021 JUN - 1 AM 9: 08
61111

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**