

L15000065337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

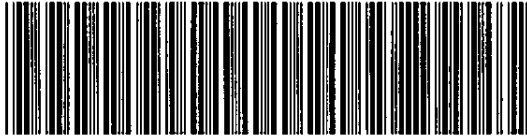
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 09101

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K. SALY
EXAMINER
JAN 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Obstetrics & Gynecology Care Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000065337

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:

Philip M. Gross
Name of Person

Name of Firm/Company

654 Hermitage Circle
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

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

For further information concerning this matter, please call:

Philip M. Gross at (973) 723-0066
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Laurie Gross

, hereby resigns as

Name of Registered Agent

Registered Agent for Obstetrics & Gynecology Care Group LLC

Note: This agency was established without the knowledge and permission of Laurie Gross. The perpetrators have utilized this company to commit credit card fraud. We are paying the fee below to expunge the record of my name and in no way does this payment validate the agency appointment.

L15000065337

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.

Laurie Gross

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2016 JAN 11 PM 5:23
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. Box 6327
Tallahassee, FL 32314