

L15000072312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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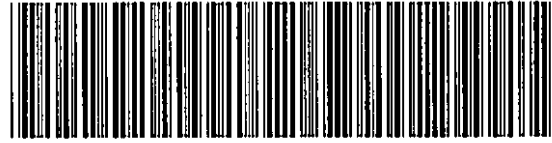
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FL  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Research Institute of Central Florida, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000072312

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:

Gregory P. Samano II DO  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

499 E Central Parkway Ste 100  
Address

Altamonte Springs, FL 32701  
City/State and Zip Code

gps2do@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gettz at ( 407 ) 641-5847  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Sarah Geltz (Kendrick Law Group) hereby resigns as  
Name of Registered Agent

Registered Agent for Research Institute of Central Florida, LLC

Name of Limited Liability Company

L15000070312

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.

Sarah M. Geltz

Signature of Resigning Agent

If signing on behalf of an entity:

Sarah Geltz

Typed or Printed Name

Senior Partner

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

2021 JUN 25 PM 3:36

STATE OF FLORIDA  
TALLHASSEE, FL

ED

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314