L17000137419

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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COVER LETTER

SUBJECT: Primecure Renal Group, LLC		
Name of	Limited Liability	Company
DOCUMENT NUMBER: L17000137419		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	l Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	ne following:
Frank Hernandez, Jr., Esq.		
Name of Person		
The Hernandez Legal Group, PLLC		
Name of Firm/Company		
11410 N. Kendall Drive, Suite 311		
Address		
Miami, Florida 33176		
City/State and Zip Code		
thernandez@thehlglawfirm.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matt	ter, please call:	
Frank Hernandez	305 at (640-8210
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provision	ons of section 605.011	15, Florida Statutes, t	he undersigned,		
The Hernandez Legal Group, PLLC			hereby resigns as		
	Name of Registered Age	ent			
Registered Agent for _	Primecare Renat Gr	roup, LLC			
	Name of Lin	mited Liability Company			
1.17000137419					
Document N	umber, if known				
A copy of this resignati	on was mailed to the	above listed limited l	liability company at its	last known address.	
The agency is terminate	ed and the office disc	ontinued on the 31st of the 31st of the 31st of Resigning		hich this statement is filed.	
If signing on behalf of a	in entity:			2020	
	<u>Frank</u>	Hornandea Typed or Printed Name	r, JR., ESq.	2	
	Managing Ma	ombac of Th Capacity	c Hernandez	Legal Group	
				: L	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited lia Administratively withdrawn limite	bility company dissolved/ voluntarily d liability company	dissolved/	

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