

P06000087864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

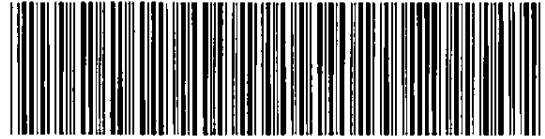
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. FILED
OCT 17 2023

Office Use Only



800416182428

10/02/23--01025--018 **35.00

FILED
23 OCT -2 AM 11:31
10/11/23 11:31 AM
10/11/23 11:31 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stacy E. Seikel, M.D., P.A.

(Name of Corporation)

DOCUMENT NUMBER: P06000087864

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Dr. Stacy E. Seikel

(Name of Person)

(Name of Firm/Company)

100 E. Sybelia Ave., Ste. 250

(Address)

Maitland, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Seikel at (706) 914 - 2055
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

23 OCT -2 AM 11:33
FILED
TALLHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

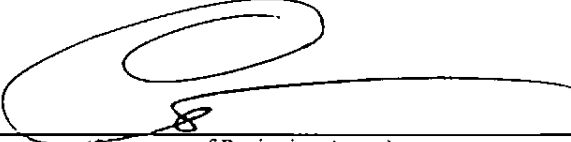
Florida Statutes, the undersigned, Lawrence G. Walters, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Stacy E. Seikel, M.D., P.A.
(Name of Corporation)

P06000087864
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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