

(Re	questor's Name)					
(Ad	dress)					
(Ad	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
70)					

Office Use Only



03/14/16--01010--019 **35.00



APR 01 4010

J SHIVERS



March 16, 2016

JOSE MENENDEZ MENENDEZ LAW FIRM 6701 SUNSET DRIVE #104 MIAMI, FL 33143

SUBJECT: WEST KENDALL SURGICAL CENTER, LLC

Ref. Number: L13000122179

We have received your document for WEST KENDALL SURGICAL CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00005411

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WEST KENDALL SURGICAL CENTER, LLC

(Name of Corporation)

DOCUMENT NUMBER: L13000122179

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:

JOSE MENENDEZ

(Name of Person)

MENENDEZ LAW FIRM

(Name of Firm/Company)

6701 SUNSET DR, #104

(Address)

MIAMI, FL 33143

(City/State and Zin Code)

For further information concerning this matter, please call:

JOSE MENENDEZ

₃₁,305 \445-6500

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

of section 605	.0115, Florida	Statutes, the u	ndersigned,			
iendez			, hereby resig	gns as		
_	•	_	_	_		_
pest K	endall	Surgi	cal Ce	nter l	_L(7 -
Name o	f Limited Liabili	ty Company		·	<u></u>	:
2179 er, if known		*				
was mailed to	the above liste	ed limited liabil	ity company at i	ts last known	address	·.
		MI		which this sta SECRETARY SECRETARY	tement 16 MAR 3	is filed.
				OF STATE EFFLORIDA	4H III: 44	
	Name of Registered Name of Registered Name of Registered Name of Registered	Name of Limited Liability Name of Limited Liability Per, if known was mailed to the above listed and the office discontinued of the principle of the principle. Typed or Principle of the pri	Name of Limited Liability Company Name of Limited Liability Company 2179 er, if known was mailed to the above listed limited liabil and the office discontinued on the 31st day a Signature of Resigning Age	Name of Limited Liability Company 2179 er, if known was mailed to the above listed limited liability company at it and the office discontinued on the 31st day after the date on Signalure of Resigning Agent ntity: Typed or Printed Name	nendez ame of Registered Agent Sept Henda I Surgical Center I Name of Limited Liability Company 2179 er, if known was mailed to the above listed limited liability company at its last known and the office discontinued on the 31st day after the date on which this sta September 1 Appelor Printed Name Typed or Printed Name Resigning Agent Typed or Printed Name	name of Registered Agent Sept Hendall Surgical Center LLC Name of Limited Liability Company 2.179 er, if known was mailed to the above listed limited liability company at its last known address and the office discontinued on the 31st day after the date on which this statement Signature of Resigning Agent Typed or Printed Name RANGE STATE Typed or Printed Name

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