

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : 1800121-2932

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Account Name : BLOMBERG/EXCELSTOR CORPORATE SERVICES, INC.
Account Number : 00135003752
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**LLC REGISTERED AGENT RESIGNATION
SUNSHINE PERINATOLOGY II, LLC**

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

UPM SERVICE CORP.

, hereby resigns as

Name of Registered Agent

Registered Agent for **SUNSHINE PERINATOLOGY II, LLC**

Name of Limited Liability Company

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.

DocuSigned by:
John Camperlengo
0220 2019
Name of Resigning Agent

If signing on behalf of an entity:

JOHN CAMPERLENGO
GENERAL COUNSEL

Capacity

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withdrawn limited liability company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

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