

518416

(Requestor's Name)

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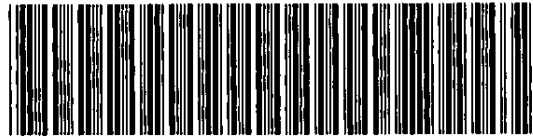
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 7 2013
EXAMINER



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CLIENT/MATTER NUMBER
888888-8888

November 4, 2013

VIA FEDEX

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

Re: Resignation of Registered Agent

Dear Madam or Sir:

Enclosed please find the original and one copy of the *Resignation of Registered Agent for a Corporation* for **Remigio Palumbo, M.D., P.A.** Also enclosed is our firm's check in the amount of \$87.50 in payment of the filing fees.

A copy of this resignation has been mailed to the above-listed corporation at its last known address, in accordance with the provisions of Sections 607.0502(2), *Florida Statutes*.

Please acknowledge receipt of this filing by placing your "Filed" stamp on the enclosed copy of the form and returning it to us in the envelope provided for that purpose.

If you have any questions, please let us know. Thank you for your assistance.

Sincerely,

Donna St. Jean
Legal Assistant

Enclosures

cc: Remigio Palumbo, M.D. (w/enclosures)
Remigio Palumbo, M.D., P.A.
2801 West Waters Suite B
Tampa, FL 33614

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Michael D. Annis

(Name of Registered Agent)

hereby resigns as Registered Agent for Remigio Palumbo, M.D., P.A.

(Name of Corporation)

518416

(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)

13 NOV - 5 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
FILED

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withdrawn corporation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**