

# FO7000005375

\_\_\_\_\_  
(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:

Office Use Only



300275838033

*Resignation*  
*DO RA*

08/18/15--01011--013 \*\*897.50

FILED  
2015 AUG 18 PM 3:07  
STATE OF FLORIDA  
TALLAHASSEE

AUG 18 2015  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAXANO SURGICAL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F07000005375

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:

Florence Spelzhausen

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 S. Dupont Hwy

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Florence Spelzhausen at ( 866 ) 621-3524

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT FILED  
FOR A CORPORATION**

2015 AUG 18 PM 3:07

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1609, and 617.1609, FLORIDA  
Florida Statutes, the undersigned, National Corporate Research, Ltd.  
(Name of Registered Agent)

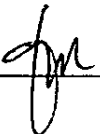
hereby resigns as Registered Agent for BAXANO SURGICAL, INC.  
(Name of Corporation)

F07000005375

(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:

Florence Spelzhausen

(Typed or Printed Name)

Assistant Secretary

(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