

FO9 000000 2442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

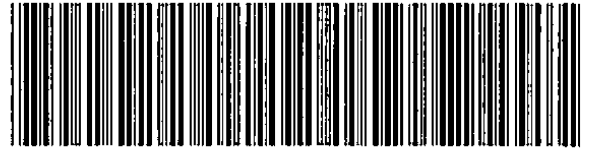
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800332493948

08/02/18--01020--015 \*\*25.00

AUG 08 2019  
S. YOUNG

FILED  
19 AUG -2 AM 9:15  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Axis Diagnostics, Inc

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** F09000002442

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AJ Franco

\_\_\_\_\_  
Name of Person

The Law Offices of Jeff Cohen, P.A.

\_\_\_\_\_  
Name of Firm/Company

909 SE 5th Ave., Suite 200

\_\_\_\_\_  
Address

Delray Beach, FL 33435

\_\_\_\_\_  
City/State and Zip Code

aj@floridahealthcarelawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AJ Franco

\_\_\_\_\_  
Name of Person

at ( 561 ) 455-7700

\_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jeffrey L. Cohen, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for Axis Diagnostics, Inc

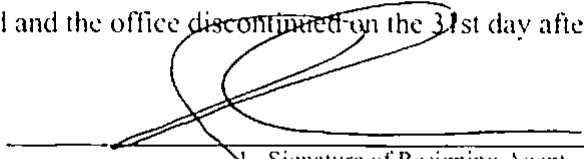
Name of Limited Liability Company

F09000002442

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Jeffrey Cohen

Typed or Printed Name

Attorney

Capacity

FILED  
19 AUG -2 AM 8:15

## 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