

F19000005590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

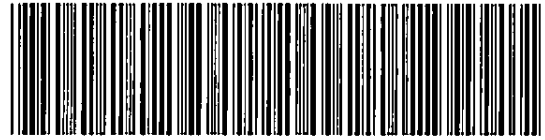
(Business Entity Name)

(Document Number)

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K. HUNT

08/01/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO, INC
(Name of Corporation)

DOCUMENT NUMBER: F19000005590

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:

Nicole Williams
(Name of Person)

URS Agents, LLC
(Name of Firm/Company)

3675 Crestwood Parkway Suite 350
(Address)

Duluth, GA 30096
(City/State and Zip Code)

For further information concerning this matter, please call:

URS Agents, LLC at (800) 5674397
(Name of Person) (Area Code & Daytime Telephone Number)

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLHASSEE, FL
MAY 11 6:38 AM

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

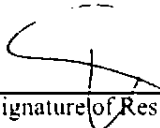
Florida Statutes, the undersigned, URS Agents, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO, INC
(Name of Corporation)

F19000005590
(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:

Eduardo Saldana
(Typed or Printed Name)

Manager
(Capacity)

2007 FEB 14 AM 6:38
FLORIDA STATE
APR 25 2007

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**