

LO1000004301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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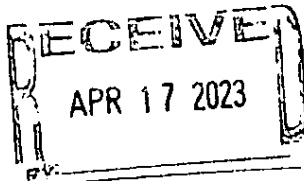
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(Business Entity Name)

(Document Number)

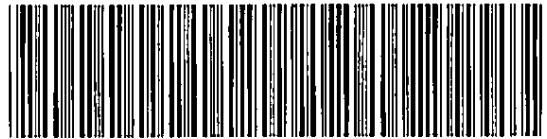
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BY:

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SECRETARY OF STATE
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Ra Resignation

AUG 25 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mauricio J. Castellon, M.D. PLC
Name of Limited Liability Company

DOCUMENT NUMBER: L01000004301

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:

Lehn E. Abrams
Name of Person

Arnold, Matheny & Eagan, P.A.
Name of Firm/Company

605 E. Robinson Street, Suite 730
Address

Orlando, Florida 32801
City/State and Zip Code

labrams@ameorl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lehn E. Abrams at (407) 841-1550
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2023

LEHN E ABRAMS
ARNOLD MATHENY & EAGAN, P.A.
605 E ROBINSON STREET, SUITE 730
ORLANDO, FL 32801

SUBJECT: MAURICIO J. CASTELLON M.D. PLC
Ref. Number: L01000004301

We have received your document for MAURICIO J. CASTELLON M.D. PLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 823A00016517

AUG 14 2023

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Arnold, Matheny & Eagan, P.A.
_____, hereby resigns as
Name of Registered Agent

Registered Agent for Mauricio J. Castellon, M.D., PLC

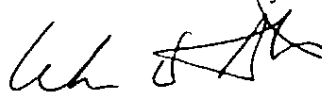
Name of Limited Liability Company

L01000004301

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:

Lehn E. Abrams for Arnold, Matheny & Eagan, P.A.

Typed or Printed Name

President

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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