

LO2000001316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

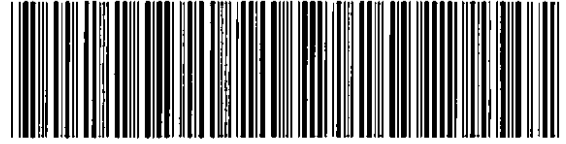
(Business Entity Name)

(Document Number)

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*Resignation of
RA*

10/05/23--01023--012 **85.00

2023 OCT -5 PM 12:37
STATE OF ARIZONA
SECRETARY OF STATE

FILED

A. RAMSEY
OCT 19 2023

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

FILED
2023 OCT -5 PM 12:31
FLORIDA DEPARTMENT OF STATE

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

Louise Jeroslow _____, hereby resigns as
Name of Registered Agent

Registered Agent for Synergy Healthcare Services, LLC

Name of Limited Liability Company

L02000001316
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:

Louise T. Jeroslow

Typed or Printed Name
Law Offices of Louise T. Jeroslow, P.A.

Capacity

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withdrawn limited liability company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**