

LO20000001316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

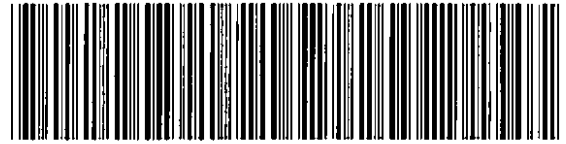
(Business Entity Name)

(Document Number)

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Resignation of
RA

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

FILED
2023 OCT -5 PM 12:37
CLERK OF COURT
JANUARY 19, 2023

A. RAMSEY
OCT 19 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Healthcare Services LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L02000001316

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:

Louise T. Jeroslow

Name of Person

Law Offices of Louise T. Jeroslow

Name of Firm/Company

7019 SW 53rd Lane

Address

Miami, FL 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

Louise Jeroslow at (305) 904-6019

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
2023 OCT -5 PM 12:37
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