

LD3000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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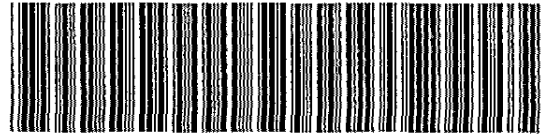
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

(Name of Limited Liability Company)

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

Robyn Johnson

(Name of Person)

(Name of Firm/Company)

2725 Summit St

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

Robyn Johnson

(Name of Person)

at (727) 786-9489

(Area Code & Daytime Telephone Number)

Mailing Address:

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Robyn Johnson

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Physician Revenue Solutions LLC

(Name of Limited Liability Company)

L03000000052

(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:

(Typed or Printed Name)

(Capacity)

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07 MAR - 1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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