

L D3000017438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

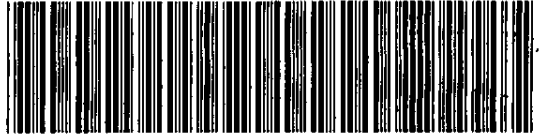
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600161756006

10/26/09--01046--014 **1700.00

FILED
OCT 26 P 14:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Resign
Ther
10-28-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: see list attached
Name of Limited Liability Company

DOCUMENT NUMBER: see list attached

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:

Gary Walker, Esquire
Name of Person

Allen Dell, P.A.
Name of Firm/Company

202 S. Rome Avenue, Suite 100
Address

Tampa, FL 33606
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary Walker, Esquire at (813) 223-5351
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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,

Gary Walker, hereby resigns as
Name of Registered Agent

Registered Agent for Consortium for Medical
Education, LLC
Name of Limited Liability Company

LD3000017438
Document Number, if known

FILED
OCT 26 P 4:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Gary Walker
Signature of Resigning Agent

If signing on behalf of an entity:

n/a
Typed or Printed Name
n/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