

Division of Corporations

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L04000012392

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOCH & FOSTER  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 FEB 12 AM 8:39

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LLC REGISTERED AGENT RESIGNATION  
BAPSC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2020 FEB 12 PM 4:00

Y. SULKER

Electronic Filing Menu Corporate Filing Menu

FEB 13 2020  
Help

H20000049437

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

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

MICHAEL D. MILLER

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for BAPSC, LLC (f/k/a Bay Area Physician's Surgery Center, LLC)

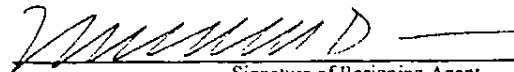
\_\_\_\_\_  
Name of Limited Liability Company

L04000012392

\_\_\_\_\_  
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

2020 FEB 12 AM 8:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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