

L04000043542

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14 OCT 30 AM 9:40
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Ra Resignation

**Hogan
Lovells**

Hogan Lovells US LLP
600 Brickell Avenue
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Miami, FL 33131
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October 28, 2014

Diane Cushing
Sr. Section Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

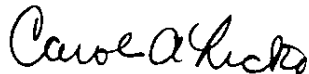
Re: South Broward Surgical Group, LLC
Ref. No.: L04000043542

Dear Ms. Cushing:

As requested by your letter (copy attached), enclosed please find the additional fee for filing the resignation of registered agent form, Check No. 6172 dated October 28, 2014 in the amount of \$60.00.

Your attention regarding this matter is greatly appreciated.

Sincerely,



Carol A. Licko

Partner
carol.licko@hoganlovells.com
D 305 459 6612

FILED
14 OCT 30 AM 9:40
MAY 14 2014
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2014

CAROL A LICKO
HOGAN LOVELLS US LLP
600 BRICKELL AVENUE, SUITE 2700
MIAMI, FL 33131

SUBJECT: SOUTH BROWARD SURGICAL GROUP, LLC
Ref. Number: L04000043542

We have received your document for SOUTH BROWARD SURGICAL GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file his resignation of registered agent is \$85.00. We will need an additional \$60.00. However, you did also send in a registered agent change form. Do you just want us to file it because you do not have to file both.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 514A00022226

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Carol A. Licko

, hereby resigns as

Name of Registered Agent

Registered Agent for South Broward Surgical Group, LLC

Name of Limited Liability Company

L04000043542

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.

Carol A Licko

Signature of Resigning Agent

If signing on behalf of an entity:

Carol A Licko

Typed or Printed Name

Capacity

FILED
14 OCT 30 AM 9:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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