

L04000058496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

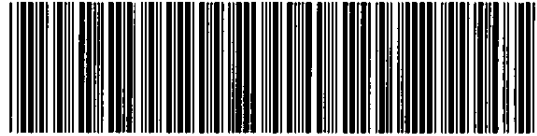
L04-58496

(Document Number)

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09 MAR 17 AM 7:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H. Griffin MAR 17 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2009

GREGORY W. EISENMENGER
EISENMENGER, BERRY & PETERS, PA
5450 VILLAGE DRIVE
VIERA, FL 32955

SUBJECT: BREVARD MEDICAL ASSOCIATES, LLC
Ref. Number: L04000058496

We have received your document for BREVARD MEDICAL ASSOCIATES, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 709A00008283

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BREVARD MEDICAL ASSOCIATES, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000058496

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:

GREGORY W. EISENMENGER
(Name of Person)

EISENMENGER, BERRY & PETERS, P.A.
(Name of Firm/Company)

5450 VILLAGE DRIVE
(Address)

VIERA, FL 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY W. EISENMEGNER at (321) 504-0321
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

GREGORY W. EISENMENGER, hereby resigns as
(Name of Registered Agent)

Registered Agent for BREVARD MEDICAL ASSOCIATES, LLC

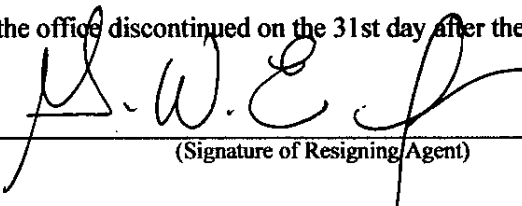
(Name of Limited Liability Company)

L04000058496

(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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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