

L05000074612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

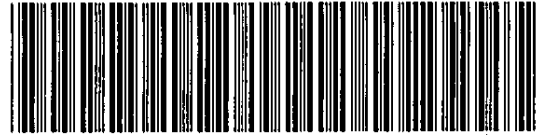
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



400160390634

*Resignation  
of RA*

09/18/09--01006--020 \*\*85.00

RECEIVED  
09 SEP 18 AM 11:19  
DEPARTMENT OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

FILED  
2009 SEP 18 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ASR  
9/18/09*

GRAY | ROBINSON  
ATTORNEYS AT LAW

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TAMPA

E-MAIL ADDRESS  
jmcfarland@gray-robinson.com

September 18, 2009

**VIA HAND DELIVERY**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Bladder Management Systems, LLC  
Document Number: L05000074612  
Our File No. 585149-1

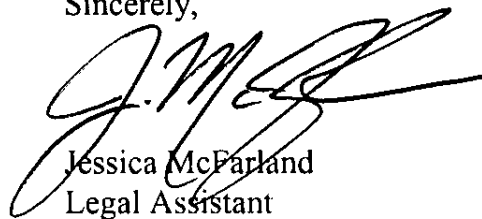
Dear Madam or Sir:

Enclosed please find the **RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY** for **BLADDER MANAGEMENT SYSTEMS, LLC**. Please file this document.

This firm's check in the amount of \$85.00 is enclosed. Upon receipt of this request, please date-stamp the copy of this letter attached. Please call me if you have any questions.

Thank you for your assistance in this matter.

Sincerely,



Jessica McFarland  
Legal Assistant

Enclosures

**RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416(2) OR 608.509, Florida Statutes, I, the undersigned,

William A. Grimm

(Name of Registered Agent)

hereby resigns as Registered Agent

for Bladder Management Systems, LLC

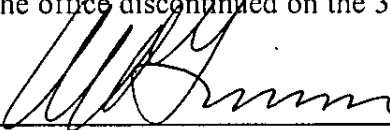
(Name of Limited Liability Company)

L05000074612

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> 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)

**Fee for filing this document:**

\$85.00 – Active limited liability company

\$25.00 – Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**