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To:

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

From:

Account Name : FOWLER, WHITE 2 Account Number : I19990000148 Phone : (813)769-7692 Fax Number : (813)228-9401

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

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## H14000231135

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

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

FOWLER WHITE BOGGS BANKER, P.A., n/k/a Fowler White Boggs, hereby resigns as

Registered Agent for SMALL BLESSING BIRTH CENTER, PLLC

L05000090979

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.

ure of Resigning Agent

If signing on behalf of an entity:

FOWLER WHITE BOGGS BANKER, P.A. n/k/a Fowler White Boggs c/o Kendra L. Gaugush Typed Name

Authorized Representative \_\_\_\_\_\_\_Capacity

FILING FEES:		14	
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\$ 25.00 Administratively dissolved/ voluntarily d withdrawn limited liability company	issolved/	OCT	
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Make checks payable to Florida Department of State and mail to: Division of Corporations		۸H II:	-
P.O. Box 6327 Tallahassee, FL 32314	. • <i>•</i>	<u>5</u>	

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