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

From: Account Name : BAKER & HOSTETLER LLP  
Account Number : I19990000077  
Phone : (407)649-4016  
Fax Number : (407)841-0168

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

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

**LLC REGISTERED AGENT RESIGNATION**  
**ENDOSCOPY AFFILIATES OF CENTRAL FLORIDA, LLC**

|                       |         |
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TALLAHASSEE, FLORIDA

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MAR 25 2023

K. Brumbley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Endoscopy Affiliates of Central Florida, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.06000012240

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:

Evelyn Rodriguez  
Name of Person

Baker & Hostetler, LLP  
Name of Firm/Company

200 S. Orange Avenue, SUITE 2300  
Address

Orlando, Florida 32801  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Rodriguez at (407) 649-4071  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

David L. Schick \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for \_\_\_\_\_

Endoscopy Affiliates of Central Florida, LLC

Name of Limited Liability Company

L06000012240

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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ACCEPTED AND FILED

**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