

LD6000025522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

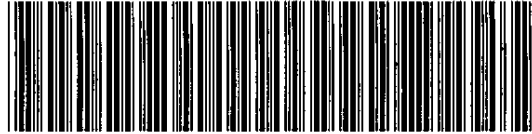
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tewis
9-23-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Pain Management Center, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: 206000025522

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:

Jose Rocha
(Name of Person)

Palm Beach Pain Management Center, LLC
(Name of Firm/Company)

784 NE 70 Street
(Address)

Miami Florida 33138
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose (Rick) Rocha at (954) 445-7005
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jerry Dubravetz, hereby resigns as
(Name of Registered Agent)

Registered Agent for Palm Beach Pain Management Center, LLC

(Name of Limited Liability Company)

LO6000025522
(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:

Jerry Dubravetz
(Typed or Printed Name)

(Capacity)

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withdrawn limited liability company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

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