

L06000050195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

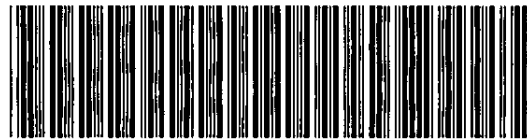
(Business Entity Name)

(Document Number)

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11/03/14--01041--014 **25.00

FILED
14 NOV -3 PM 5:01
SEC. OF STATE
TALLAHASSEE, FL 32301

RA Resignation

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Antonio G Feijoo

, hereby resigns as

Name of Registered Agent

Registered Agent for SALUD AMERICANA, LLC

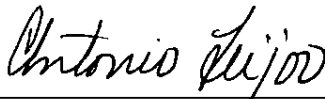
Name of Limited Liability Company

L06000050195

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

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
14 NOV -3 PM 5:01
TALLAHASSEE, FLORIDA
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