

LD6000064134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

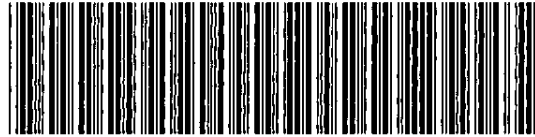
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spinal Decompression Centers of Central Florida, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000064134

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:

Dr. Marc Ott, DC

(Name of Person)

Spinal Decompression Centers of Central Florida, LLC

(Name of Firm/Company)

1890 Semoran Blvd. Ste 251

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Marc Ott, DC

(Name of Person)

at (407) 657-1365

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Brent Williams

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Spinal Decompression Centers of Central Florida, LLC**

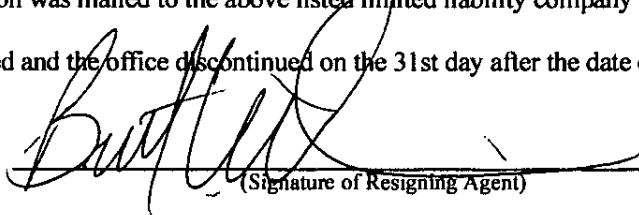
(Name of Limited Liability Company)

L06000064134

(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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TALLAHASSEE, FLORIDA

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