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Florida Department of State  
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2020 MAY -5 AM 9:49

LLC REGISTERED AGENT RESIGNATION  
PROFESSIONAL BILLING ASSOCIATES, LLC

Certificate of Status	0
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Estimated Charge	\$85.00

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Corporate Filing Menu

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

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

Dorothy L. Korszen

, hereby resigns as

Name of Registered Agent

Registered Agent for PROFESSIONAL BILLING ASSOCIATES, LLC


Name of Limited Liability Company

L06000097909

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:

Dorothy L. Korszen

Typed or Printed Name

Registered Agent

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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