



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Primecare North Tampa, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000054993

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:

David L. Smith  
Name of Person

GrayRobinson, P.A.  
Name of Firm/Company

401 E. Jackson Street, Suite 2700  
Address

Tampa, FL 33602  
City/State and Zip Code

tdunsford@ldfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Smith at ( 813 ) 273-5000  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

GrayRobinson, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Primecare North Tampa, LLC

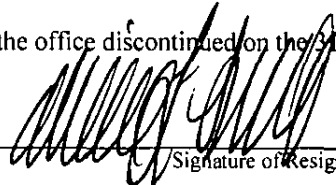
Name of Limited Liability Company

L07000054993

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:

David L. Smith

Typed or Printed Name

Managing Shareholder

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withdrawn limited liability company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  
18 MAR 19 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2018

GRAYROBINSON, P.A.  
DAVID L. SMITH  
401 E. JACKSON ST, STE. 2700  
TAMPA, FL 33602

SUBJECT: PRIMECARE NORTH TAMPA, LLC  
Ref. Number: L07000054993

We have received your document for PRIMECARE NORTH TAMPA, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 618A00004604