

207000076799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

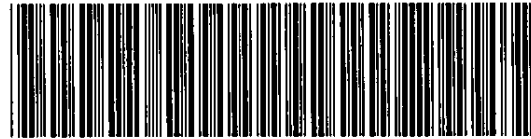
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primecare Gandy, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000076799

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

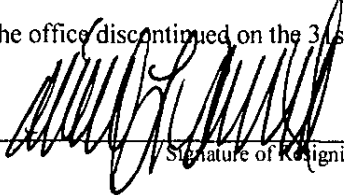
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
GrayRobinson, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for Primecare Gandy, LLC
Name of Limited Liability Company

L07000076799
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 12:31
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 GANDY, LLC
Ref. Number: L07000076799

We have received your document for PRIMECARE GANDY, 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: 518A00004601

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2018 MAR 20 AM 9:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA