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REGISTERED AGENT RESIGNATION SMART OPTION BILLING SERVICES, LLC

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## H10000030374

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608,416(2) or 608.50	09, Florida	Statutes, the undersigned,	0
Oliden	Rubio		, hereby resigns as	3
	f Registered Agent			
Registered Agent for Sr	IART Opti	'ט ט	Billing	
	s LLC			··································
	Name of Limited Liability	Company		
L0700007				
Document Number, if	knowa			
A copy of this resignation was a	mailed to the above listed	limited lial	bility company at its last kno	wn address.
The agency is terminated and the	ne office discontinued on t	the 31st day	y after the date on which this	statement is filed.
	Signature of	Resigning A	gent	
If signing on behalf of an entity	•			
	Typed or Printer	d Name	······································	
	Capacity	<del>-</del>		

### FILING FEES:

\$ 85.00 Active
\$ 25.00 Admits Active limited liability company
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withdrawn limited liability company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

INHS17 (08/05)