

W7000099882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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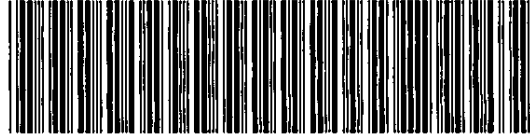
(Business Entity Name)

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2016 JAN 27 P 4:22

CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 28 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWEST PRACTICE MANAGEMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 207000099882

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:

SIANEY S. SIMMONS

Name of Person

Name of Firm/Company

1050 RIVERSIDE AVENUE

Address

Jacksonville, FL 32204

City/State and Zip Code

SSS@SSIMMONSCAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIANEY SIMMONS

Name of Person

at (904) 945-4522

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2016 JAN 27 P 4 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SIOLEY S. SIMMONS, P.C.

Name of Registered Agent

, hereby resigns as

Registered Agent for SOUTHEAST PRACTICE MANAGEMENT, LLC

Name of Limited Liability Company

607000099882

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.

Sioley S. Simmons

Signature of Resigning Agent

If signing on behalf of an entity:

SIOLEY S. SIMMONS, P.C.

Typed or Printed Name

PRESIDENT

Capacity

2016 JAN 27 P 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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