

12/20/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L070003105424

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC
Account Number : I20060000142
Phone : (904)301-1269
Fax Number : (904)301-1279

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
MEDPRO DEVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

DEC 21 2016
J. HARRIS

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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,

Contega Business Services, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for MedPro Devices, LLC

Name of Limited Liability Company

L07000105424

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:

Contega Business Services, LLC, by

Typed or Printed Name

William M Hammill II, Executive Vice President

Capacity

16 DEC 20 AM 9:14

FILED
CLERK OF COURT
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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

INHS17 (2/14)

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