

L07000105816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

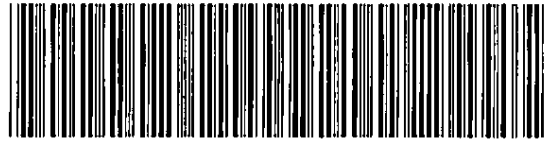
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Care Doctors Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000105816

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:

Michael J. Bittman
Name of Person

Nelson Mullins
Name of Firm/Company

390 N. Orange Ave., Suite 1400
Address

Orlando, FL 32801
City/State and Zip Code

mike.bittman@nelsonmullins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (407) 669-4282
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael J. Bittman

Name of Registered Agent

, hereby resigns as

Registered Agent for Family Care Doctors Group, LLC

Name of Limited Liability Company

L07000105816

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.

Michael J. Bittman

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 MAY 29 PM 1:08

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