

LD7000116457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

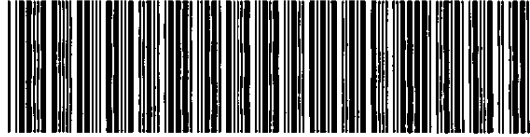
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600271522426

04/13/15--01051--016 **25.00

15 APR 13 PM 2:19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
4-15-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Specialists of Tampa Bay, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000116457

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 Auslander

Name of Person

Name of Firm/Company

8142 Bellarus Way

Address

Trinity/FL 34655

City/State and Zip Code

dsa590@yahoo.com

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

For further information concerning this matter, please call:

Vanessa Greenfield at (727) 6140103
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

david auslander

, hereby resigns as

Name of Registered Agent

Registered Agent for Medical Specialists of Tampa Bay

Name of Limited Liability Company

L07000116457

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:

Typed or Printed Name

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 13 PM 2:19