

LD7000116457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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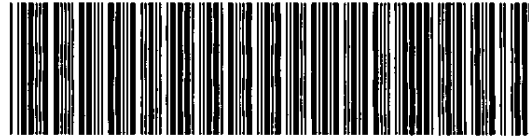
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

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