

L08000059889

Jody Robinson

(Requestor's Name)

4367 W. Sunrise Blvd.

(Address)

Plantation Fl 33313

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

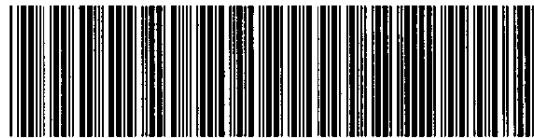
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL - 6 AM 8:40

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PA Resign.

07/13/09

DL

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CLARA RODRIGUEZ- IZNAGA, hereby resigns as
Name of Registered Agent

Registered Agent for FLORIDA GLOBAL MEDICAL CARE, LLC

Name of Limited Liability Company

208000059889

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.

Clara Rodriguez Iznaga
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withdrawn limited liability company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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