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— L09000006458

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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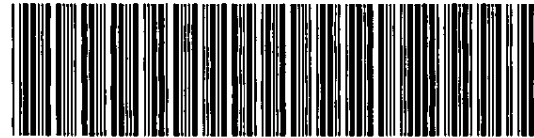
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(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clinartis LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000006458

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:

Aramayis Kocharyan

Name of Person

Clinartis LLC

Name of Firm/Company

1909 Tyler Street, Suite 702

Address

Hollywood, FL 33020

City/State and Zip Code

info@clinartis.com

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

For further information concerning this matter, please call:

Aramayis Kocharyan at ( 954 ) 404 8068

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## 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,

**Carol Houts**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Clinartis LLC**

Name of Limited Liability Company

**L09000006458**

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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