

L09000011739

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DIVISION OF CORPORATIONS
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C. LEWIS
JUL 15 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENYANUS MEDICAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

AUGUSTO O. LOPES
Name of Person

Name of Firm/Company

307 E. 24TH AVE APT 3
Address

ANCHORAGE AK 99503
City/State and Zip Code

AUGUSTO LOPES 1978@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUGUSTO LOPES at (907) 268-9113
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

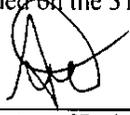
Augusto OURIQUES LOPES, hereby resigns as
Name of Registered Agent

Registered Agent for CENTAURUS MEDICAL LLC
Name of Limited Liability Company

L09000011739
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 30 PM 12:44

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withdrawn limited liability company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