

LO90000 48727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

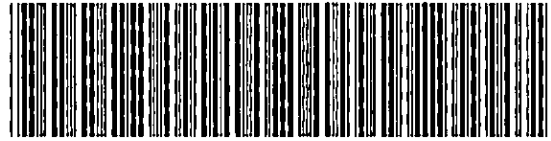
(Business Entity Name)

(Document Number)

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19 FEB 28 PM 5:27  
TALLAHASSEE, FLORIDA

MAR 11 2019  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PATRICE M. TORRENCE, DPM, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000048727

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:

MARK C. BRUNT, CPA

Name of Person

BRUNT, SWEENEY, MATZ, PA, CPAs

Name of Firm/Company

7369 SHERIDAN STREET STE 201

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

mark@bruntmatzcpa.com

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

For further information concerning this matter, please call:

MARK C. BRUNT, CPA

Name of Person

at (

954

Area Code

981-7940

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MARK C. BRUNT

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for PATRICE M. TORRENCE, DPM, LLC

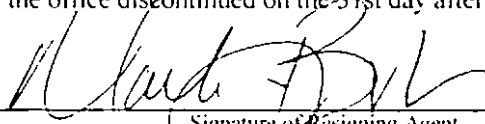
\_\_\_\_\_  
Name of Limited Liability Company

L09000048727

\_\_\_\_\_  
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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19 FEB 28 PM 5:28  
TALLAHASSEE, FLORIDA