

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : 1200 474-4151

From:
Account Name : SUNBIZ/FLORIDA CORPORATE SERVICES, LLC
Account Number : 67535000155
Phone : 1800 221-2972
Fax Number : 1773 864-1410

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
VAN DYKE OB/GYN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

19 JUL -9 PM 12:26

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ELECTRONIC FILING

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
UPM SERVICE CORP., hereby resigns as
Name of Registered Agent

Registered Agent for **Van Dyke OB/GYN LLC**
Name of Limited Liability Company

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.

DocuSigned by:
John Camperlengo
Name of Resigning Agent

If signing on behalf of an entity:

JOHN CAMPERLENGO
GENERAL COUNSEL
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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