

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (813) 677-6323

From:

Account Name : FLORIDA'S EXTENSIVE CORPORATE SERVICES, INC.
Account Number : 07535100350
Phone : (888) 927-7942
Fax Number : (716) 869-7420

****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
FEMHEALTH, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$85.00

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M. SOLOMON

7/1/2019

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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 Femhealth, 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.

Designated by:

John Camperleno

.....
Name of Resigning Agent

If signing on behalf of an entity:

JOHN CAMPERLENGO
GENERAL COUNSEL

.....
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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