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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)611-4393

From: Account Name : SUNBELT FLORIDA CORPORATE SERVICES, INC.
Account Number : 001350039393
Phone : (850)221-2377
Fax Number : (850)889-7490

\*\*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
NIGEL A. SPIER M.D. F.A.C.O.G., LLC

Table with 2 columns: Item and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

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DEPARTMENT OF STATE
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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 **NIGEL A. SPIER M.D. F.A.C.O.G., 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*

Signature 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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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 2019 JUL -9 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32399