

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000202490 3)))



H190002024903ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (860) 61-4494

From:

Account Name : SUNBELT/FYF/FLORIDA CORPORATE SERVICES, INC.
Account Number : 001350039393
Phone : (800) 221-2477
Fax Number : (718) 889-4490

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

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
NIGEL A. SPIER M.D. F.A.C.O.G., LLC**

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

19 JUL -9 PM 12:26

DEPARTMENT OF STATE
FAC/AMSPFC/DOFP

2019 JUL -9 PM 1:08

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: AB4549BD-F0F4-4819-88D3-A1D6FE811AD6

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.

 Digitally signed by: *John Camperlengo*
 DN: cn=John Camperlengo, o=UPM SERVICE CORP., ou=UPM SERVICE CORP., email=jcamperlengo@upmservicecorp.com, c=US

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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

FILED