

LO90000 90039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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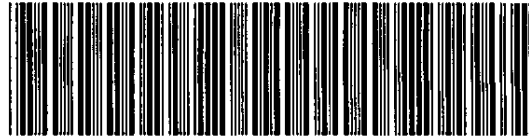
(Business Entity Name)

(Document Number)

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16 JUL 18 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

267



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

CRISTIANO MARINARI
410 MERIDIAN AVE FL 2
MIAMI BEACH, FL 33139

SUBJECT: INNOVATION & SURGERY, LLC
Ref. Number: L09000090039

We have received your document for INNOVATION & SURGERY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 816A00013778

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNOVATION & SURGERY, LLC
(Name of Corporation)

DOCUMENT NUMBER: L09000090039

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTIANO MARINARI

(Name of Person)

INNOVATION & SURGERY, LLC

(Name of Firm/Company)

410 MERIDIAN AVE, FL2

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTIANO MARINARI at **305 490 9976**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CRISTIANO MARINARI

, hereby resigns as

Name of Registered Agent

Registered Agent for **INNOVATION & SURGERY, LLC**

Name of Limited Liability Company

L09000090039

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

16 JUL 18 AM 7:07
CLERK
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314