

LOG#000092569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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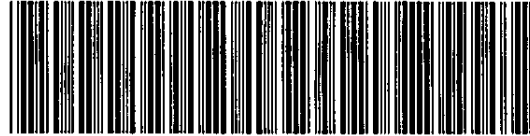
(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peninsula Medical Center, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000092569

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph R. Gosz

Name of Person

The Gosz Professional Limited Company

Name of Firm/Company

2 S. Biscayne Blvd., Ste. 3760

Address

Miami, FL 33131

City/State and Zip Code

jrgosz@goszplc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph R. Gosz

Name of Person

at (305) 505-6340

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved; voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

15 MAR -7 PM 4:24

TALLAHASSEE

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

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

Joseph R. Gosz

, hereby resigns as

Name of Registered Agent

Registered Agent for Peninsula Medical Center, LLC

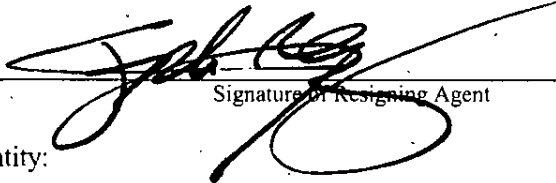
Name of Limited Liability Company

L09000092569

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

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## FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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