

L09000104235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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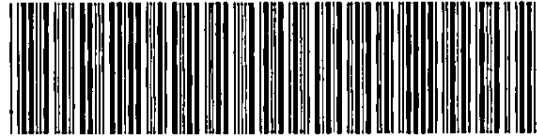
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDPROVIDERS NETWORK, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000104235

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:

Lori Ammons  
Name of Person

Johnson Pope  
Name of Firm/Company

490 First Avenue South, Suite 700  
Address

St. Petersburg, FL 33701  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lori L. Ammons at ( 727 ) 483-5685  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Herbert B. Minor \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Medproviders Network, LLC

Name of Limited Liability Company

L09000104235

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.

Herbert B. Minor  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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TALLHASSEE, FL  
FLORIDA DEPARTMENT OF STATE

### 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