

L09000/100/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

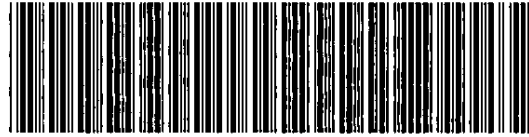
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2010 SEP -9 A 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tues
9-14-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA COASTAL PAIN CLINICS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000110016

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:

MICHAEL STONE
Name of Person

FLORIDA COASTAL PAIN CLINICS LLC
Name of Firm/Company

5787 LONEWOOD CT.
Address

JUPITER, FL 33458
City/State and Zip Code

LIVINGTRACKS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL STONE at (561) 601-9088
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

OSCAR ZIMMERMAN

, hereby resigns as

Name of Registered Agent

Registered Agent for

FLORIDA COASTAL PAIN CLINICS LLC

Name of Limited Liability Company

L09000110016

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.

Oscar Zimmerman

Signature of Resigning Agent

If signing on behalf of an entity:

Oscar Zimmerman

Typed or Printed Name

manager member

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withdrawn limited liability company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

FILED
2008 SEP -9 A 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE