

# L1000000363

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (718)889-7420

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
WOMEN'S HEALTH SPECIALISTS OF ORLANDO, LLC**

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

19 JUL -3 PM 12:43

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SECRETARY OF STATE  
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M. SOLOMON

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## 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.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Womens Health Specialists of Orlando 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.

\_\_\_\_\_  
Designated by:

*John Camperlengo*

\_\_\_\_\_  
Resigning Agent

If signing on behalf of an entity:

JOHN CAMPERLENGO  
\_\_\_\_\_  
GENERAL COUNSEL

\_\_\_\_\_  
Capacity

SECRETARY OF STATE  
FILING OFFICE

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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