

Division of Corporations

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L10000009298

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H110001950403)))



H110001950403ABCV

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To:

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

From:

Account Name : BROAD AND CASSEL - MIAMI OFFICE
Account Number : I20100000075
Phone : (305) 373-9445
Fax Number : (305) 373-9443

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
PALM COAST ANESTHESIA GROUP, LLC

Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge		\$85.00

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TALLAHASSEE, FLORIDA

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AUG -3 2011

EXAMINER

Audit Fax No. H11000195040 3

**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,

B & C Corporate Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for Palm Coast Anesthesia Group, LLC

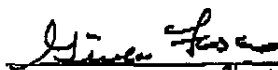
Name of Limited Liability Company

L10000008298

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:

Gisela Fasco

Typed or Printed Name

Vice President

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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

INHS17 (08/05)

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