

L10000020042

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

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
COASTAL PAIN PHYSICIANS, PLLC

Certificate of Status	0
Certified Copy	1
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A. LUNT

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**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,
Barnett, Bolt, Kirkwood, Long and McBride, hereby resigns as
Name of Registered Agent

Registered Agent for **Coastal Pain Physicians, PLLC**

Name of Limited Liability Company

L10000020042

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:

Thomas G. Long, Esq.

Typed or Printed Name

Vice President

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withdrawn limited liability company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

INHS17 (08/05)

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