

L10000039291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

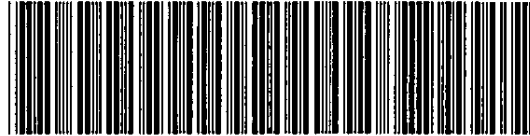
(Business Entity Name)

(Document Number)

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08/22/16--01033--005 \*\*35.00

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16 SEP -7 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2016

PRESTON J FIELDS, SR  
PRESTON J FIELDS, PA  
11211 PROSPERITY FARMS ROAD STE C-301  
PALM BEACH GARDENS, FL 33410

SUBJECT: PARK CENTRE MED-SUITES, LLC  
Ref. Number: L10000039291

2016 SEP -7 PM 5:05  
ALL AMERICAN

We have received your document for PARK CENTRE MED-SUITES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 616A00017965

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARK CENTRE MED-SUITES, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L10000039291

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRESTON J. FIELDS, SR.

(Name of Person)

PRESTON J. FIELDS, P.A.

(Name of Firm/Company)

11211 PROSPERITY FARMS ROAD, SUITE C-301

(Address)

PALM BEACH GARDENS, FLORIDA 334410

(City/State and Zip Code)

For further information concerning this matter, please call:

PRESTON J. FIELDS, SR. at 561 799-9910

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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

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

PRESTON J. FIELDS, SR.

Name of Registered Agent

, hereby resigns as

Registered Agent for PARK CENTRE MED-SUITES, LLC

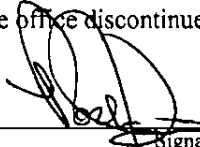
Name of Limited Liability Company

L10000039291

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:

Typed or Printed Name

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

16 SEP 7 AM 7:52  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS