

L1000053391

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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L. SELLERS
MAR 24 2011
EXAMINER

****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
CLINICAL ALLIANCE FOR LONGEVITY MEDICAL EDUCATION, L**

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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,

_____, hereby resigns as
Name of Registered Agent

Registered Agent for CLINICAL ALLIANCE FOR LONGEVITY MEDICAL EDUCATION, LLC

Name of Limited Liability Company

L10000053391

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:

PAUL SMITH

Typed or Printed Name

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withdrawn limited liability company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

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