

L100000 95757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF COURT
JULIA M. HARRIS

APR 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HEART AND VASCULAR CONSULTANTS PLLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000095757

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerson Hernandez

Name of Person

General Corporate Services Inc.

Name of Firm/Company

829 W. Palmdale Blvd #68

Address

Palmdale CA 93551

City/State and Zip Code

gerson@companiesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerson Hernandez

Name of Person

at (661) 310-2823

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

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

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

PRESIDENTIAL SERVICES INCORPORATED _____, hereby resigns as
Name of Registered Agent

Registered Agent for **FLORIDA HEART AND VASCULAR CONSULTANTS, PLLC** _____

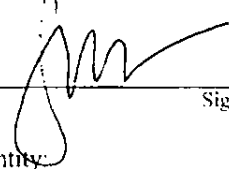
Name of Limited Liability Company

L10000095757 _____

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:

Jeff Glass _____

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

17 APR 13 PM 2:10

FILED
- APR 13 2013 -
TALLAHASSEE, FL