

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6181

From:

Account Name : BLUMBERG/EXCLUSION CORPORATE SERVICES, INC.  
Account Number : 075350060753  
Phone : (800) 221-2372  
Fax Number : (718) 889-7420

**\*\*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  
HALIFAX OB/GYN, LLC**

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

19 JUL -2 AM 8:15

2019 JUL -2 AM 9:45  
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JUL 03 2019

M. SOLOMON

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

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

UPM SERVICE CORP.

, hereby resigns as

Name of Registered Agent

Registered Agent for Halifax OB/GYN, LLC

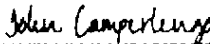
Name of Limited Liability Company

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

DocuSigned by:



Signature of Resigning Agent

If signing on behalf of an entity:

JOHN CAMPERLENGO  
GENERAL COUNSEL

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 (2/14)

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TALLAHASSEE, FL 32314