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N,

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

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersigned,	
UPM SERVICE COI		
	Name of Registered Agent	
Registered Agent for Hil	biscus Women's Care, LLC	
•••	Name of Limited Liability Company	
Document Nur	nber, if known	
	n was mailed to the above listed limited liability company at its last known ac	
The agency is terminated	and the office discontinued on the 31st day after the date on which this state	ment is filed.
tsigning on behalf of ar		2819 JUL - 3 AF SEGRETARY OF MALLAUASSFE
	JOHN CAMPERLENGO GENERAL COUNSEL	AH ID: 43 OF STACE
	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	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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, PL 32314	

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