

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

L11000027385

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BACHMAN LEGAL, LLC.  
Account Number : I20180000022  
Phone : (813)200-6114  
Fax Number : (813)402-0556

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ssingh@advancedil.com

**LLC REGISTERED AGENT RESIGNATION**  
**ALL SERVICES ANESTHESIA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$85.00 |

2022 AUG -4 PM 10:50

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 TALLAHASSEE, FLORIDA

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AUG 04 2022  
 Brumley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All Services Anesthesia, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.11000027385

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:

Radha Bachman

Name of Person

FisherBroyles, LLP

Name of Firm/Company

4830 W. Kennedy Blvd., Ste. 600

Address

Tampa, FL 33609

City/State and Zip Code

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

For further information concerning this matter, please call:

Radha Bachman

Name of Person

813

Area Code

200-6114

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

FisherBroyles, LLP, hereby resigns as

Name of Registered Agent

Registered Agent for All Services Anesthesia, LLC

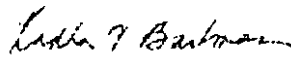
Name of Limited Liability Company

L11000027385

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:

FisherBroyles, LLP

Typed or Printed Name

Partner

Capacity

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AND  
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TALLAHASSEE, FLORIDA

### FILING FEES:

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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