

(Requestor's Name)	
(Address)	400262838184
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/06/1401004010 ***85.00
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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tricounty Physicians, LLC	Liability Company	
	Liaothty Company	
DOCUMENT NUMBER: L11000031002		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	tter to the following:	
Marivic Villa		
Name of Person		
Tricounty Physicians, LLC		
Name of Firm/Company		
1507 Buenos Aires Blvd		
Address		
The Villages, Florida 32159		
City/State and Zip Code		
mvilladr@gmail.com		
E-mail address: (to be used for future annual report notifi	cation)	
For further information concerning this matter, please	se call:	
Marivic Villa at (2 \ 267-6830	
Name of Person Ar	ca Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively eliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Cornorations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the undersign	ed,
Nehme Gabriel	, her	eby resigns as
	Name of Registered Agent	, ,
Registered Agent for _	Tricounty Physicians, LLC	·
	N. C. C. M. L. C.	,
	Name of Limited Liability Company	
L11000031002		
Document 1	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited liability com	pany at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the	date on which this statement is filed.
	Signature of Resigning Agent	
	Signature of Resigning Agent	
If signing on behalf of	an entity:	واهد المناف
	Nehme Gabriel	
	Typed or Printed Name	
	MGRM	
	Capacity	· · · · · · · · · · · · · · · · · · ·
	FILING FEES: \$ 85.00 Active limited liability compa \$ 25.00 Administratively dissolved v withdrawn limited liability co	ny oluntarily dissolved/ ompany

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314