Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000203875 3)))



H190002038753ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

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 LYRA OB/GYN CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

O.

Corporate Filing Menu

Help

JUL 05 2019 M. SOLOMON

v

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the unde	ersigned,	
UPM SERVICE CORP.		, hereby resigns as	
Name of Registered Age	ent	· ·	
Registered Agent for Lyra OB/GYN Care	e, LLC		
Document Number, il known			
A copy of this resignation was mailed to the			
The agency is terminated and the office disc	ontinued on the 31st day after	er the date on which this statement is filed.	
<u>J</u>	Docusioned by: Dien Camperteings ezzeniements of Resigning Agent		2019
	HN CAMPERLENGO NERAL COUNSEL	TO SEE TARY OF ST	≣ -3 -
	Capacity		

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

FILING FEES:

5 85.00 Active limited liability company

5 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

INH\$17 (2/14)