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	To: Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : BLUMBERG/EXCELSIOR CORPORATE Account Number : 075350000353 Phone : (800)221-2972	SERVICES, INC.
	Fax Number : (718)889-7420	
	*Enter the email address for this business entity to be used annual report mailings. Enter only one email address ple	for future ase.**
Съ. -	Email Address:	
	;	>
	LLC REGISTERED AGENT RESIGNATION	ABETARY OF ST
I	PREMIER WOMEN'S CARE, LLC	ំរុំ- ចំរុំ- ម៉េល
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Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provisions of section	605.0115, Florida Statutes, the undersigned,		
UPM SERVICE CORP.	, hereby resigns as		
	istered Agent		
Registered Agent for Promier We	omen's Care, LLC		
Ň	ame of Limited Lizbility Company	•	
Document Number, if know	 1		
A copy of this resignation was mail	ed to the above listed limited liability company at its last known addres	»S.	
The agency is terminated and the of	fice discontinued on the 31st day after the date on which this statemen		
	John Campenenge 2020 E Englise of Resigning Agent		:
	228 Stanty B of Resigning Agent		
If signing on behalf of an entity:)
- ···	JOHN CAMPERLENGO	OP STALE	2010.1
. <u></u>	Capacity	geira C	5
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		

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

INHS17 (2/14)