

L11000065080

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FEB 24 2017

COVER LETTER

TO: Registration Section
• Division of Corporations

SUBJECT: Surgical Momentum, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 421000065080

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:

Kevin D. Jackson
Name of Person

Surgical Momentum, LLC
Name of Firm/Company

125 Basin St., Suite 200
Address

Daytona Beach, FL 32114
City/State and Zip Code

CEO@surgicalmomentuminc.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin D. Jackson at (678) 576-5721
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Kevin D. Jackson, hereby resigns as
Name of Registered Agent

Registered Agent for Surgical Momentum, LLC
Name of Limited Liability Company

217000065080
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.

Kevin D. Jackson
Signature of Resigning Agent

If signing on behalf of an entity:

Kevin D. Jackson
Typed or Printed Name
CEO
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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, FL 32314