

L11000/43584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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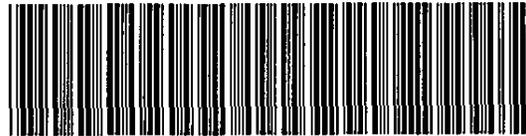
(Business Entity Name)

(Document Number)

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Resignation  
of RA

04/03/14--01035--006 \*85.00

FILED  
2014 APR -3 PM 4:51  
STATE OF FLORIDA  
TALLAHASSEE

DR  
4/9/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Pete Chiropractic and Injury Center, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000143584

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:

Carl G. Confert  
Name of Person

Confert Chiropractic  
Name of Firm/Company

4040 Tampa Rd.  
Address

Oldsmar FL 34677  
City/State and Zip Code

drconfert@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Carl Confert at (727) 243-4751  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Carl G. Conforti, hereby resigns as  
Name of Registered Agent

Registered Agent for St. Pete Chiropractic  
Injury Center, LLC.  
Name of Limited Liability Company

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2014 APR -3 PM 11:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

L11000143584  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

W/A Carl G. Conforti  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**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