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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
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LLC REGISTERED AGENT RESIGNATION  
HIGHLANDS OBGYN, LLC

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

19 JUL -3 PM 10:41

2019 JUL -3 AM 10:41  
Special Agent for State  
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JUL 05 2019

M. SOLOMON

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**UPM SERVICE CORP.**

Name of Registered Agent

, hereby resigns as

Registered Agent for **Highlands OBGYN, LLC**

Name of Limited Liability Company

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.

Designated by:

*John Camperlengo*

Signature of Resigning Agent

If signing on behalf of an entity:

**JOHN CAMPERLENGO**

**GENERAL COUNSEL**

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL -3 AM 10:41

## **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withdrawn limited liability company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