

L12000008494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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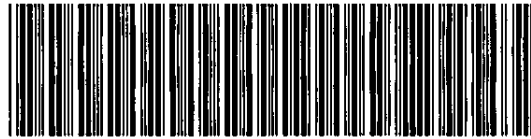
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FROG Medical Services, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000008494

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:

Mitchell D. Terk, M.D.

Name of Person

Name of Firm/Company

4501 Shirley Avenue

Address

Jacksonville, FL 32210

City/State and Zip Code

mterk@floridaprostate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell D. Terk, M.D.

Name of Person

at (904) 228-5800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED
14 APR 21 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mitchell Terk

, hereby resigns as

Name of Registered Agent

Registered Agent for **FROG Medical Services, LLC**

Name of Limited Liability Company

L12000008494

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 of Resigning Agent

If signing on behalf of an entity:

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