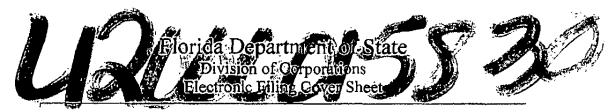


2/3/2016 10:19:37 AM From: To: 8506176383(1/3) Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000283143)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ema	÷	7	Address:	

LLC REGISTERED AGENT RESIGNATION PROMED, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: PROMED, LLC	•		
Name of Limited Liabil	ity Company		
DOCUMENT NUMBER: L12000015830			
The enclosed Resignation of Registered Agent for a Limit for filing.	ted Liability Compar	ny and fee are subr	nitted
Please return all correspondence concerning this matter to	the following:		
Theresa Alfieri			
Name of Person	_	٠.	
C T CORPORATION SYSTEM			
Name of Firm/Company			
111 8th Avenue, 13th Floor		_	
Address		2016 SEC	-
New York, New York 10011	•	AH.	***************************************
, City/State and Zip Code		588 688 688 688 688 688 688 688 688 688	The same of the sa
theresa.alfieri@wolterskluwer.com		m # 0	£ } }
E-mail address: (to be used for future annual report notification	· ·	107 ?	
For further information concerning this matter, please call	! :	. 資品 5	
Theresa Alfieri 212	894-8516	•	
	ie Daytime Telepho	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statu	ites, the undersigned,
NRAI SERVICES, IN	C.	, hereby resigns as
И	ame of Registered Agent	
Registered Agent for	PROMED, LLC	·
. }	Name of Limited Liability Con	npany
L120000158	30	·
Document Numb	er, if known	
A copy of this resignation	was mailed to the above listed lim	ited liability company at its last known address.
The account is terminated a	and the office discontinued on the	31st day after the date on which this statement is filed
The agency is terminated a	ng the office discontinued on the	51st day after the date on which this statement is free
•	There Offers	2
<u>.</u>	Signature of Res	signing Agent
If signing on behalf of an e	entity:	•
<u> </u>	IRAI Services, Inc There	sa Alfieri
· . —	Typed or Printed Na	une .
i	Assistant Secretary	/ F
<u> </u>	Capacity	SEGREDA ALLAHAS
		要 音 フ
, , , , , , , , , , , , , , , , , , ,		<u> </u>
	FILING FEES: \$ 85.00 Active limits	ed liability company (C) (C)
:	\$ 25.00 Administrati	vely dissolved/voluntarily dissolved/ imited liability company
,	Williami	innied habitity company SS 2
		99. 5
	Make checks payable to Florida De	epartment of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)