

L12000043263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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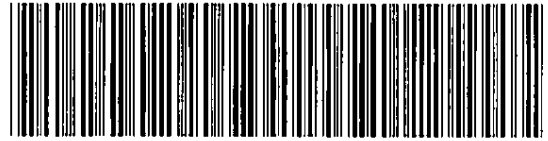
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUE PARTNERS EMERGENCY PHYSICIANS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000043263

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:

Kelly Casey  
Name of Person

Cogency Global Inc.  
Name of Firm/Company

800 N. State Street #403  
Address

Dover, Delaware 19901  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Casey at ( 866 ) 621-3524  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

COGENCY GLOBAL INC. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for TRUE PARTNERS EMERGENCY PHYSICIANS LLC

Name of Limited Liability Company

L12000043263

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.

Kelly Casey

Signature of Resigning Agent

If signing on behalf of an entity:

Kelly Casey

Typed or Printed Name

Assistant Secretary/ Cogency Global Inc.

Capacity

FILED  
2024 AUG 30 PM 12:03  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE

### 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