Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420

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

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LLC REGISTERED AGENT RESIGNATION UNIVERSITY PARK OBSTETRICS AND GYNECOLOGY, LLC

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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.	, hereby resigns as	
Nane of Registered Agent		
Registered Agent for University Park Obst		
Name of Limite	ed Liability Company	•
Document Number, if known		
A copy of this resignation was mailed to the ab	ove listed limited liability company at its last known addr	ess.
The agency is terminated and the office discon-	tinued on the 31st day after the date on which this stateme	ent is filed.
John	algnesty: Lampertungs Signestungs Resigning Agout	2015 2015
92281	현대마다/MB-6: vcorBuru8 VRes:	
If signing on behalf of an entity: IOI GE	HN CAMPERLENGO NERAL COUNSEL	JUL -3 AI
	Capacity	AH IO: 42 JE STALE SPLOWIN
FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	

Make cheeks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tellubasies, FL 32314