

L12000061985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

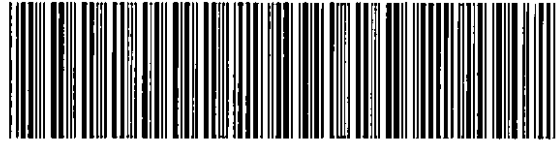
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SECRETARY OF STATE  
TALLAHASSEE, FL

4-11-24

*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PULIDO INTERNAL MEDICINE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000061985

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:

GABRIELA PULIDO

Name of Person

PULIDO INTERNAL MEDICINE, LLC

Name of Firm/Company

177 GRAND RAVINE DRIVE

Address

ST. AUGUSTINE, FL 32086

City/State and Zip Code

pulido.gabbi@gmail.com

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

For further information concerning this matter, please call:

GABRIELA PULIDO

904

238-2867

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2024 DEC -9 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

THE HEALTH LAW FIRM, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for PULIDO INTERNAL MEDICINE, LLC

Name of Limited Liability Company

L12000061985

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:

George F. Indest III, Esquire

Typed or Printed Name

President & Managing Partner, The Health Law Firm, P.A.

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC -9 AM 10:00

FILED

## **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