

L12000067179

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C. LEWIS

JUL 17 2014

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comfort Medical Transportation, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000067179

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:

Mr. Craig L. Starks  
Name of Person

Comfort Medical Transportation, LLC.  
Name of Firm/Company

801 Northpoint Parkway Suite 86  
Address

West Palm Beach, FL 33407  
City/State and Zip Code

ComfortMedicalTransport@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Craig L. Starks at (305) 467-2002  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

x Keith Jevon Lucas, hereby resigns as  
Name of Registered Agent

Registered Agent for Comfort Medical Transportation, LLC.  
Name of Limited Liability Company

L12000067179  
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.

x Keith Jevon Lucas  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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DIVISION OF CORPORATIONS  
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### **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withdrawn limited liability company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