

L12000079714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

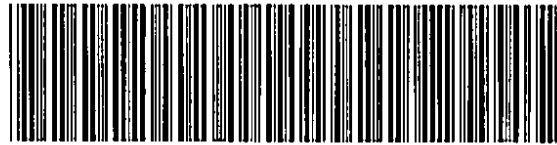
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 OCT 26 PM 3:45

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Re. Resignation

DEC 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTMAN MEDICAL ASSOCIATES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000079714

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:

Margaret Altman, MD

Name of Person

Name of Firm/Company

2216 SW Ranch Trail

Address

Stuart, FL 34997

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (Area Code)

Daytime Telephone Number

20 OCT 25 PM 3:45
STATE
REGISTRATION

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Sheila Biehl, Esq. _____, hereby resigns as

Name of Registered Agent

Registered Agent for ALTMAN MEDICAL ASSOCIATES, LLC

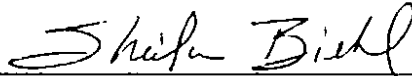
Name of Limited Liability Company

L12000079714

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:

Typed or Printed Name

Capacity

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

20 OCT 26 PM 3:45

OFFICE OF STATE
CLERK
TALLAHASSEE, FL 32314