

L12000092601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

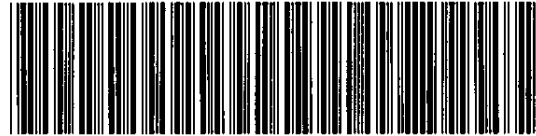
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900295104859

900295104859  
02/07/17--01014--014 \*\*110.00

RECEIVED  
17 FEB - 7 AM 11:47  
FILED  
17 FEB - 7 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
FEB 8 2017

\$85

# CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

PICK UP: 2/7 - Linda

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING RA Resignation \_\_\_\_\_

1. Modern Doctors, LLC  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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 TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**CORPORATE ACCESS, INC.**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **MODERN DOCTORS, LLC**

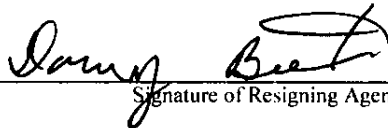
\_\_\_\_\_  
Name of Limited Liability Company

**L120000092601**

\_\_\_\_\_  
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:

**DANNY BENNETT**

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

**Pres**

\_\_\_\_\_  
Capacity

**FILED**  
**17 FEB - 7 AM 10: 57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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**