

L120000 99799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

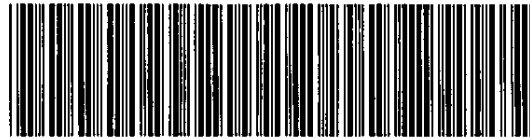
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000287512380

07/06/16--01039--020 **85.00

2016 JUL -6 P 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUL 07 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMASUR USA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000099799

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:

Carlos A. Gutierrez

Name of Person

Health Care Business Consultants, LLC

Name of Firm/Company

15522 Fiorenza Circle

Address

Delray Beach, Florida 33446

City/State and Zip Code

hcbcllc@yahoo.com

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

For further information concerning this matter, please call:

Carlos A. Gutierrez

Name of Person

at (954)

Area Code

292-6217

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

HEALTH CARE BUSINESS CONSULTANTS LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for **REMASUR USA LLC**

Name of Limited Liability Company

L12000099799

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

FILED
2019 JUL -6 PM 2:11
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