

L12000106605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

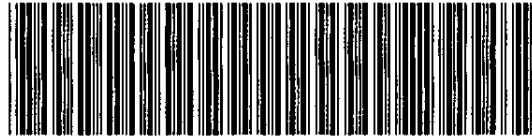
(Business Entity Name)

(Document Number)

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2012 DEC 31 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. BRUCE  
JAN 03  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLARK AND DAUGHTREY MED GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000106605

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:

**BOB SMITH**

Name of Person

Name of Firm/Company

**10524 MOSS PARK RD, 204325**

Address

**ORLANDO, FL 32832**

City/State and Zip Code

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

For further information concerning this matter, please call:

**BOB SMITH**

Name of Person

at ( **863** ) **562-8521**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**BOB SMITH**

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

Registered Agent for **CLARK AND DAUGHTREY MED GROUP, LLC**

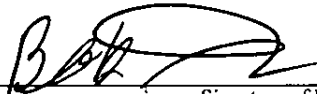
\_\_\_\_\_  
Name of Limited Liability Company

**L12000106605**

\_\_\_\_\_  
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:

**BOB SMITH**

\_\_\_\_\_  
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**

**FILED**  
2012 DEC 31 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA