

L1300000 5323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

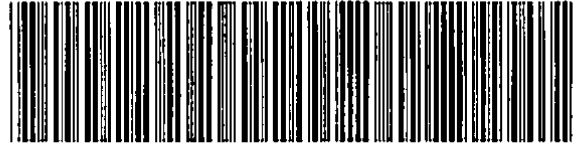
(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SANDESTIN URGENT CARE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000005323

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:

DAMON BECNEL

Name of Person

VISIONARY DESTIN, INC.

Name of Firm/Company

15000 EMERALD COAST PARKWAY

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

CGARGER@VISIONARYDESTIN.COM

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

For further information concerning this matter, please call:

CHRISTINE GARGER

Name of Person

at ( 850 ) 337-5174

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**CHRISTINE GARGER**

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

Registered Agent for **SANDESTIN URGENT CARE, LLC**

**15000 EMERALD COAST PARKWAY, DESTIN, FLORIDA 32541**

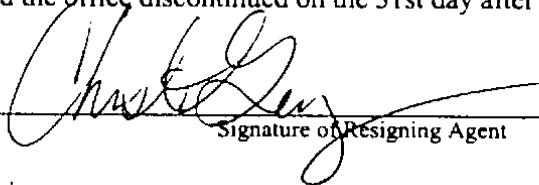
\_\_\_\_\_  
Name of Limited Liability Company

**L13000005323**

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

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