

L13000014575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

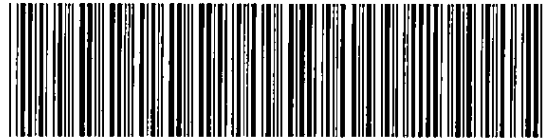
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 26 AM 8:41
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TALLAHASSEE, FL



**CAPITOL
SERVICES**

**Resignation of Registered Agent for a
Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: (800) 345-4647 Fax: (800) 432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 1/20/2023
STATE: FLORIDA
REP UNIT: SACRED HEART SURGERY OF
CENTER OF CRESTVIEW, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 32994 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-192135K

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for

SACRED HEART SURGERY OF CENTER OF CRESTVIEW, LLC

Name of the Limited Liability Company

L13000014575

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:

Yvette Cleveland

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00 ☐ Active limited liability company

\$ 25.00 ☒ Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
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TALLAHASSEE, FL
DEPARTMENT OF STATE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314