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6/21/2019

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L130000027073

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN 21 AM 11:00

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LLC REGISTERED AGENT RESIGNATION
HEMANT N. SHAH, M.D., L.L.C.

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JUN 24 2019

M. SOLOMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEMANT N. SHAH, M.D., L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L13000027073

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:

ALAN S. GASSMAN, ESQ.

Name of Person

GASSMAN, CROTTY & DENICOLO, P.A.

Name of Firm/Company

1245 COURT STREET

Address

CLEARWATER, FL 33756

City/State and Zip Code

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

For further information concerning this matter, please call:

Carla Guidry

Name of Person

at (

727

Area Code

442-1200 x247

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

H19000194460

2019 JUN 21 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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H19000194460

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

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

Alan S. Gassman

, hereby resigns as

Name of Registered Agent

Registered Agent for HEMANT N. SHAH, M.D., L.L.C.


Name of Limited Liability Company

L13000027073

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

2019 JUN 21 AM 11:00
FILED
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

H19000194460