

L13000078311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

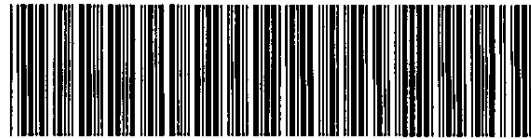
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

TELEMEDICINE SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000078311

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:

Rhonda Peirce

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Name of Firm/Company

800 Brazos, Ste 400

Address

Austin TX 78701

City/State and Zip Code

rpeirce@capitol-services.com

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

For further information concerning this matter, please call:

Rhonda Peirce

Name of Person

at (800) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

9/23/14

CORPORATE DETAIL RECORD SCREEN

4:43 PM

NUM: L13000078311 ST:FL INACTIVE/FL LIM LIAB FLD: 05/29/2013

LAST: VOLUNTARY DISSOLUTION

FLD: 05/12/2014 EFF: 05/12/2014

TOTAL CONTR: 0.00

NAME : TELEMEDICINE SERVICES, LLC

PRINCIPAL: 1200 N. FEDERAL HIGHWAY

ADDRESS SUITE 100

BOCA RATON, FL 33432

RA NAME : CAPITOL CORPORATE SERVICES, INC.

RA ADDR : 155 OFFICE PLAZA DR

SUITE A

TALLAHASSEE, FL 32301 US

ANN REP : * NONE FILED *

**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.

Name of Registered Agent

, hereby resigns as

Registered Agent for

TELEMEDICINE SERVICES, LLC

Name of the Limited Liability Company

L13000078311

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:

Jason Fischer

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

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

14 SEP 15 PM 4:34

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA