

L13 000 115 995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

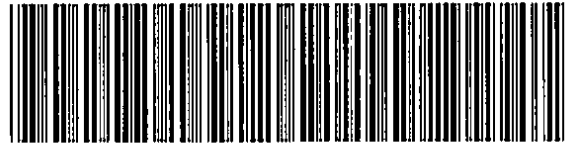
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Adriana  
Fern*

Office Use Only



000367430290

06/04/21--01012--014 \*\*87.50

2021 JUN -4 AM 4:35

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DR. BRIAN D. GIBSON AND DR. VICKI  
Name of Limited Partnership or Limited Liability Limited Partnership NOWAK

DOCUMENT NUMBER: L13000115995 EAR,  
NOS E

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

AND  
THROA  
LL

Vicki Nowak  
Contact Person

ENT-AAF  
Firm/Company

1303 Mosley Drive  
Address

Lynn Haven, FL 32444  
City, State and Zip Code

zbusf122@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Nowak at (850) 896 1176  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Vick G. Nowak, M.D., hereby resigns as  
Name of Registered Agent

Registered Agent for DR. BRIAN D. GIBSON AND  
DR. VICKI NOWAK EAR, NOSE  
Name of Limited Liability Company

L13000115995 AND THROAT, LLC  
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.

Vicki Nowak M.D.  
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

6/20/21  
(paid already)

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