

Division of Corporations

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**L13000155714**  
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 : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE  
Account Number : I19990000148  
Phone : (813) 769-7692  
Fax Number : (813) 228-9401

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
COASTAL CRANIAL CARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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JAN 27 2016  
J. HARRIS

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

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


FOWLER WHITE BOGGS PA hereby resigns as

Registered Agent for COASTAL CRANIAL CARE, LLC

L13000155714

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:

FOWLER WHITE BOGGS PA c/o Kendra L. Gaugush

Authorized representative  
Capacity

**FILING FEES:**

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withdrawn limited liability company

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2016 JAN 26 AM 9:11  
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