

Florida Department of State
Division of Corporations
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L14000048839

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

From:

Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407)649-4016
Fax Number : (407)841-0168

****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
EPILEPSY TREATMENT CENTERS OF AMERICA, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 02 |
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MAR 25 2023

K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epilepsy Treatment Centers of America, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000048839

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:

Evelyn Rodriguez

Name of Person

Baker & Hostetler, I.L.P.

Name of Firm/Company

200 S. Orange Avenue, SUITE 2300

Address

Orlando, Florida 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

Evelyn Rodriguez

407

649-4071

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

David L. Schick

, hereby resigns as

Name of Registered Agent

Registered Agent for _____

Epilepsy Treatment Centers of America, LLC

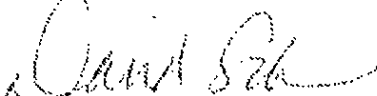
Name of Limited Liability Company

L14000048839

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

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

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