

L14000051481

Florida Department of State
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**LLC REGISTERED AGENT RESIGNATION
SOUTH FLORIDA MEDICAL NETWORK, LLC**

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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,

HUGO MARTINEZ

Name of Registered Agent

, hereby resigns as

Registered Agent for

SOUTH FLORIDA MEDICAL NETWORK, LLC

Name of Limited Liability Company

L14000051481

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

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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