

L14000078344

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

Email Address: WENDY. H2FLY@INCORP.COM

**LLC REGISTERED AGENT RESIGNATION
SUSAN M OGDEN LEGAL NURSE CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUSAN M OGDEN LEGAL NURSE CONSULTING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000078344

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:

Wendy Hefley

Name of Person

Incorp Services, Inc.

Name of Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074

City/State and Zip Code

processing@incorp.com

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

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at (702) 866-2500 ext 6601

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

K15 000616873

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Incorp Services, Inc.

Name of Registered Agent

_____, hereby resigns as
Registered Agent for SUSAN M OGDEN LEGAL NURSE CONSULTING, LLC

Name of Limited Liability Company

L14000078344

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:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

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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