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Division of Corporations  
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LLC REGISTERED AGENT RESIGNATION  
PHYSICIANS CARE CLINIC, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$115.00

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21 MAY 11 AM 8:48  
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5/12/21

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

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

Erin Smith Acbel, Esq. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Physicians Care Clinic, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L14000096348

\_\_\_\_\_  
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.

Erin Smith Acbel

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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