

L14000107863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

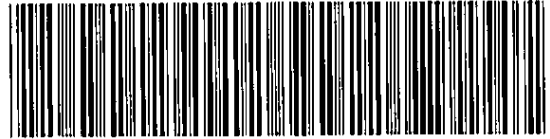
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/04/23--01034--006 \*\*85.00

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af 12/14/2023



**CAPITOL  
SERVICES**

**Resignation of Registered Agent for a  
Limited Liability Company**

· Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767  
Phone: (800) 345-4647 Fax: (800) 432-3622  
regagent@capitol-services.com

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**DATE:** 11/28/2023  
**STATE:** FLORIDA  
**REP UNIT:** PRESTIGE ANESTHESIA LLC

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Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33665 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-227873S

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

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

Capitol Corporate Services, Inc. hereby resigns as

Name of Registered Agent

Registered Agent for

PRESTIGE ANESTHESIA LLC

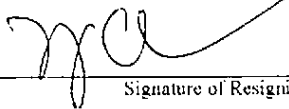
Name of the Limited Liability Company

L14000107863

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:

Yvette Cleveland

Typed or Printed Name

Assistant Secretary

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