Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (718)889-7420

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

Email	Address:	 <u> </u>	 	

LLC REGISTERED AGENT RESIGNATION BOYNTON BEACH PERINATOLOGY, LLC

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M. SOLOMON

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

UPM SERVICE CORP.	1	
UPM SERVICE CORF.	, hereby resigns as	
Name of Reg	nstered Agent	
Registered Agent for Boynton Be	each Perinatology, LLC	
	Name of Limited Liability Company	
·		
Document Number, if know		
		and a construction of the same
A copy of this resignation was mail	led to the above listed limited liability company at its last l	cnown address.
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\$100 FEES:
\$100 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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallahassen, FL 32314

INH\$17 (2/14)