

L14000 133 644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

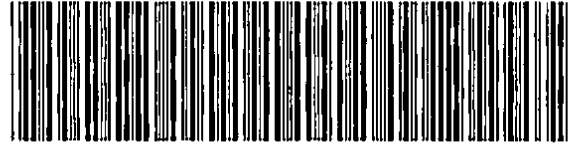
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH ATLAST CITRUS MEDICAL LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000133644

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:

AJ FRANCO

Name of Person

FLORIDA HEALTHCARE LAW FIRM

Name of Firm/Company

909 SE 5TH AVE, SUITE 200

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

AJ@FLORIDAHEALTHCARELAWFIRM.COM

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

For further information concerning this matter, please call:

AJ FRANCO

Name of Person

at (

561

Area Code

455-7700

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FLORIDA HEALTHCARE LAW FIRM

Name of Registered Agent

, hereby resigns as

Registered Agent for HEALTH ATLAST CITRUS MEDICAL LLC

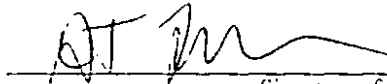
Name of Limited Liability Company

L14000133644

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:

AJ FRANCO

Typed or Printed Name

OFFICE MANAGER

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314