

Division of Corporations

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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 : MORAN, KIDD, LYONS, JOHNSON & BREKSON P.A.
Account Number : 120000000003
Phone : (407)841-4141
Fax Number : (407)841-4148

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDALLC REGISTERED AGENT RESIGNATION
LILY MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LILY MEDICAL, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000135305

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:

Scott E. Johnson, Esq.

Name of Person

Moran Kidd Lyons Johnson, P.A.

Name of Firm/Company

111 N. Orange Avenue, Suite 900

Address

Orlando, Florida 32801

City/State and Zip Code

dannis@morankidd.com

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

For further information concerning this matter, please call:

Scott E. Johnson

at (407) 841-4141

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

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

SCOTT E. JOHNSON, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for **LILY MEDICAL, LLC**

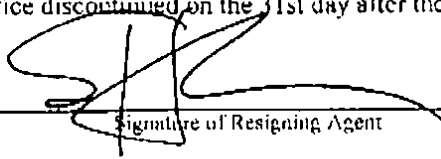
Name of Limited Liability Company

L14000135305

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:

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

INHS17 (2/14)

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TALLAHASSEE, FLORIDA