114000165219

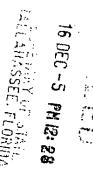
| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Y.S 07/2016

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: BENEFIT MEDICAL LAB | 3 CONSULTING, LLC |
| Name of Limited Li | ability Company |
| DOCUMENT NUMBER: L14000165219 | |
| The enclosed Resignation of Registered Agent for a L for filing. | imited Liability Company and fee are submitted |
| Please return all correspondence concerning this matter | er to the following: |
| Rhonda Peirce Name of Person | |
| Capitol Corporate Services, Inc. (Registered A | gent Dept.) |
| PO Box 1831 Address | |
| Austin, TX 78767 City/State and Zip Code | |
| rpeirce@capitolservices.com E-mail address: (to be used for future annual report notification) | ntion) |
| For further information concerning this matter, please | call: |
| Rhonda Peirce at (8 Name of Person | OO 345-4647 Code Daytime Telephone Number |
| Enclosed is a check made payable to the Florida Depa liability company or \$25.00 for an administratively di liability company. | rtment of State for \$85.00 for an active limited ssolved, voluntarily dissolved or withdrawn limited |
| | TREET ADDRESS: Legistration Section |
| | Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

Return acknowledgment to:

Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767, 800/345-4647 RLP

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions o | f section 605.0115, Florida Statutes, the undersigned, | | |
|-------------------------------|--|--------------------------|----|
| | orporate Services, Inc. , hereby resigns me of Registered Agent | as | |
| Registered Agent for | BENEFIT MEDICAL LAB CONSULTING, | LLC | |
| <u> </u> | Name of the Limited Liability Company | | |
| L140001 Document Numbe | r, if known | 11 | |
| - | was mailed to the above listed limited liability company at its land the office discontinued on the 31st day after the date on whi | ္ တ | |
| | Signature of Resigning Agent | cn this satements fried. | ** |
| If signing on behalf of an er | • | 0810) | • |
| | Jason Fischer Typed or Printed Name | ,;* | |
| _ | Assistant Secretary | | |
| | Canacity | | |

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