

L14000165219

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENEFIT MEDICAL LAB CONSULTING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000165219

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:

Rhonda Peirce

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Name of Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

rpeirce@capitol-services.com

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

For further information concerning this matter, please call:

Rhonda Peirce

Name of Person

at (800) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 of section 605.0115, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for

BENEFIT MEDICAL LAB CONSULTING, LLC

Name of the Limited Liability Company

L14000165219

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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