

2/23/2016

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 FEB 23 AM 9:55

**LLC REGISTERED AGENT RESIGNATION
OAKLAND ORTHOPEDICS AND SPORTS MEDICINE, LLC**

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

FEB 24 2016

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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,

AGENTS AND CORPORATIONS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **OAKLAND ORTHOPEDICS AND SPORTS MEDICINE, LLC**

Name of Limited Liability Company

L15000011174

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:

JOHN L. WILLIAMS

Typed or Printed Name

PRESIDENT

Capacity

FILED
16 FEB 23 AM 9:55
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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