

L15 0000 11484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

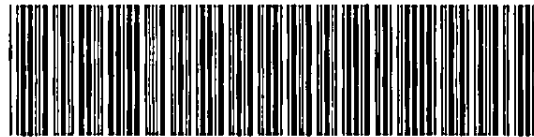
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327228272

04/09/19--01009--021 **87.50

RECEIVED

APR 08 2019

FILED
2019 APR -8 PM 1:38
TALLAHASSEE, FL

R. WHITE

APR 13 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlas Medical and Orthopedics, LLC
(Name of Corporation)

DOCUMENT NUMBER: L15000011484

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Rahat Faderani

(Name of Person)

(Name of Firm/Company)

6864 Forest Hill Boulevard, Suite B

(Address)

Greenacres, FL 33413

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy E. Monaghan, Esq.

(Name of Person)

at (561) 650-8537

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Corporation Company of Miami

(Name of Registered Agent)

hereby resigns as Registered Agent for Atlas Medical and Orthopedics, LLC

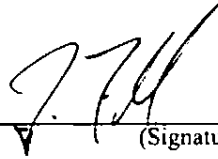
(Name of Corporation)

L15000011484

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

James Farrell

(Typed or Printed Name)

Vice President

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

FILED
TALLAHASSEE, FL
2019 APR -8 PM 4:38

2019 APR -8 PM 4:38

FILED