

1/20/2021

Division of Corporations

Florida Department of State

Division of Corporations

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LLC REGISTERED AGENT RESIGNATION

AMERICAN NEUROSURGERY SPECIALISTS, LLC

Certificate of Status	0
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Page Count	01
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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,

CF REGISTERED AGENT, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

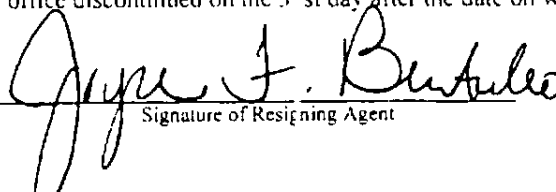
AMERICAN NEUROSURGERY SPECIALISTS, LLC

Name of Limited Liability Company

L15000072003

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 3rd day after the date on which this statement is filed.
Signature of Resigning Agent

If signing on behalf of an entity:

JOYCE F. BENTUBC

Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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FILED
2021 JAN 20 PM 5:30
TALLAHASSEE FLORIDA