

L15000120869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

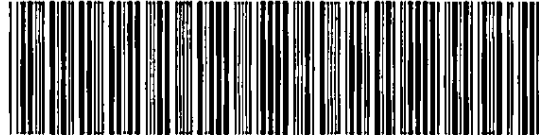
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS J. SMITH, CRNA, PLLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000120869

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:

Donald W. Wallis

Name of Person

Upchurch, Bailey and Upchurch, P.A.

Name of Firm/Company

780 N. Ponce de Leon Blvd.

Address

St. Augustine, Florida 32084

City/State and Zip Code

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

For further information concerning this matter, please call:

Donald W. Wallis

at (904) 829-9066

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Donald W. Wallis

Name of Registered Agent

, hereby resigns as

Registered Agent for THOMAS J. SMITH, CRNA, PLLC

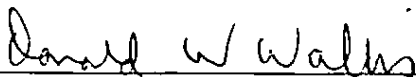
Name of Limited Liability Company

L15000120869

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:

Typed or Printed Name

Capacity

FILED
19 SEP 27 PM 01
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

INHS17 (2/14)

A copy of this resignation mailed to:
Thomas J. Smith, CRNA, PLLC
924 Eagle Drive
St. Augustine, FL 32086