

Division of Corporations

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# 415000175706

Florida Department of State  
Division of Corporations  
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Fax Number : (813) 617-6393

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Account Name : SHORBERG/EXCELATION CORPORATE SERVICES, INC.  
Account Number : 078290000353  
Phone : (850) 221-2972  
Fax Number : (718) 669-7420

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
DR. DAVID S. GUERRA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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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,

UPM SERVICE CORP.

Name of Registered Agent

, hereby resigns as

Registered Agent for Dr. David S. Guerra, LLC

Name of Limited Liability Company

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.

Designated by:

*John Camperlenzo*

Signature of Resigning Agent

If signing on behalf of an entity:

JOHN CAMPERLENZO  
GENERAL COUNSEL

Capacity

### FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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