# L160000028/6

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Complimentary MD, LLC  Name of Limited Liability Company  DOCUMENT NUMBER: L1600062816  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:	
Name of Person	
Name of Firm/Company  13909 Lynner Blvcl  Address	
Tampa FL 33626 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Name of Person at (813) 925-0149 5 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limi liability company.	ted

#### 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 605.011	5, Florida Statutes, the undersigned,
	O, hereby resigns as
Name of Registered Age	nt
Registered Agent for <u>Complimenta</u>	ary MD, LLC
Name of Lin	nited Liability Company
L16000062816	
Document Number, if known	<del></del>
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day after the date on which this statement is filed.
	Signature of Resigning Agent
	Signature of Resigning Agent
If signing on behalf of an entity:	
Т	yped or Printed Name
	Capacity Po
\$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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