

L16 0000 66582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

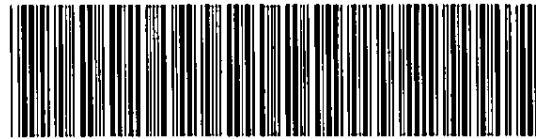
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800328050488

04/23/19--01044--014 \*\*85.00

FILED

2019 APR 22 PM 5:45

C. GOLDEN

MAY -2 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Altamonte Springs Injury Clinic

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000066582

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:

Ari Brupbacher

\_\_\_\_\_  
Name of Person

Law Offices of Scott M Miller, PA

\_\_\_\_\_  
Name of Firm/Company

1920 Boothe Circle

\_\_\_\_\_  
Address

Longwood, FL 32750

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ari Brupbacher

\_\_\_\_\_  
Name of Person

at ( 407 ) 869-9996

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Law Offices of Scott M Miller, PA

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Altamonte Springs Injury Clinic, LLC

\_\_\_\_\_  
Name of Limited Liability Company

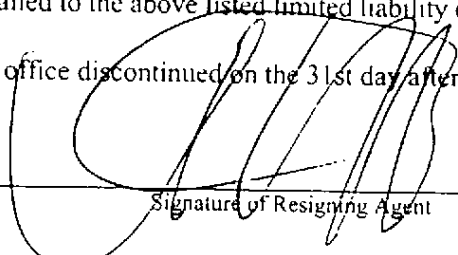
L16000066582

\_\_\_\_\_  
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.

X

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Scott M Miller

\_\_\_\_\_  
Typed or Printed Name

President

\_\_\_\_\_  
Capacity

2019 APR 22 PM 5:45

FILED

## **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