

L16000168324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PHYSICIANS GROUP PRACTICE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000168324

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:

AMOL MALANKAR

Name of Person

Name of Firm/Company

7741 NW 7TH ST APT 214

Address

MIAMI, FL 33126

City/State and Zip Code

amalankar@gmail.com

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

For further information concerning this matter, please call:

AMOL MALANKAR at (347) 702-2848
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

AMOL MALANKAR

Name of Registered Agent

Registered Agent for THE PHYSICIANS GROUP PRACTICE, LLC

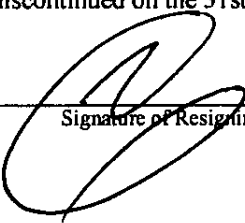
Name of Limited Liability Company

L16000168324

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

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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