

L16000203588

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT RESIGNATION
LEAL MEDICAL CENTER I, LLC

Certificate of Status	0
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H16000282343

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

MARTA ROSA FERNANDEZ

Name of Registered Agent

, hereby resigns as

Registered Agent for

LEAL MEDICAL CENTER I, LLC

Name of Limited Liability Company

L16000203588

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:

Marta Rosa Fernandez

Typed or Printed Name

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

DNHS17 (2/14)

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