

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL - AFFORDABLE HOUSING  
Account Number : I20160000081  
Phone : (407) 839-4277  
Fax Number : (407) 839-4264

**\*\*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  
PHYSICIANS STAT LAB EAST COAST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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APR 26 2018

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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,

**B&C Corporate Services of Central Florida, Inc.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Physicians Stat Lab East Coast, LLC**

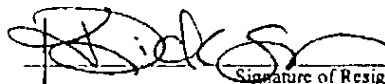
Name of Limited Liability Company

**L16000212761**

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:

**Kristi L. Dickison**

Typed or Printed Name

**Vice President**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED  
APR 26 PM 1:05  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE