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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

NS@NICKSPRADLIN.COM

LLC REGISTERED AGENT RESIGNATION
SOUTH FLORIDA INTEGRATIVE HEALTH, PLLC

Certificate of Status	0
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SEP 16 2022

12:00:00 PM

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

THE LAW OFFICES OF NICK SPAULDING, PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for SOUTH FLORIDA INTEGRATIVE HEALTH, PLLC

Name of Limited Liability Company

L16000214390

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:

NICKOLAS J. SPRADLIN, ESQ

Typed or Printed Name

CEO

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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withdrawn limited liability company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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