L1700032802

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TOUPS CRNA SERVICES, PLLC Name of Limited Liability Company			
DOCUMENT NUMBER: <u>L1700003280</u>	02		
The enclosed Resignation of Registered Assubmitted for filing.	gent for a Limited Liability Company and fee are		
Please return all correspondence concerning	ng this matter to the following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this ma	atter, please call:		
Kasandra Lund	at (1 800) 773-0888 x3951		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Filiability company or \$25.00 for an administ limited liability company.	lorida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations		
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
rananassee, f.l. 92914	2001 EXCURING CORRECT CITCLE		

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the under	rsigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for_	TOUPS CRNA SERVICES, PLLC		_
	Name of Limited Liability Company		<u> </u>
L17000032802			
Document N	fumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known add	lress.
The agency is terminate	ed and the office discontinued on the 31st day after the	e date on which this statement is	s filed.
	Signature of Resigning Agent		,
If signing on behalf of	an entity:	All	<u>.</u> ,
	Cheyenne Moseley	HASS	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen	its, Inc.	글 '-
	Capacity	LAHASSLE, FLORIDA	R S S
	FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolv withdrawn limited liabilit	ed/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314