

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 : INCORPORATING SERVICES, LTD.
 Account Number : I20050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

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

Email Address: _____

RECEIVED

2020 NOV 13 PM 3:06

LLC REGISTERED AGENT RESIGNATION
APEX SPINE & MEDICAL CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 NOV 13 AM 11:25

FILED

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: APEX SPINE & MEDICAL CENTER, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000081354

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:

Amanda Archambault

Name of Person

Incorporating Services, Ltd.

Name of Firm/Company

3500 South DuPont Highway

Address

Dover, DE 19901

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Archambault

Name of Person

at (

302

)
Area Code

531-0712

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Incorporating Services, Ltd.

Name of Registered Agent

, hereby resigns as

Registered Agent for APEX SPINE & MEDICAL CENTER, LLC_____
Name of Limited Liability CompanyL17000081354_____
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:

Amanda Archambault_____
Typed or Printed NameAssistant Secretary_____
Capacity

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FILED

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