ر

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000300606 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200 : (727)443-5829 Fax Number

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 KETAMINE CENTERS OF AMERICA, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Monu

Help

H18000300606

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ketamine Centers of Ame	
Name o	of Limited Liability Company
DOCUMENT NUMBER: L170001459	988
The enclosed Resignation of Registered A for filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	ng this matter to the following:
Alan S. Gassman	
Name of Person	
Gassman, Crotty & Denicolo, P.A.	1256
Name of Firm/Company	
1245 Court Street	
Address	
Clearwater, FL 33756	> 5
City/State and Zip Code	23
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Carla Guidry	at (727) 442-1200 Arca Code Daytime Telephone Number
Name of Person	Arca Code Daytime Telephone Number
Enclosed is a check made payable to the F liability company or \$25.00 for an administiability company.	Torida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 anamasee, 1 6 32314	Tallahassee, Fl. 32301

INHS17 (2/14)

H18000300606

418000300606

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011:	f, Florida Statutes, the undersigned,			
Alan S. Gassman	l	, hereby resig	ns as		
	Name of Registered Ager		12 43		
Registered Agent for	Ketamine Centers	of America, L.L.C.			
	Nume of Lim	ted Liability Company			
L17000145988					
Document	Number, if known				
A copy of this resigna	tion was mailed to the a	bove listed limited liability company at it	s last known:	address.	
If signing on behalf of		Signature of Resigning Agent			
	•	, pea d. 1 (pead t. m.)			
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability company Administratively dissolved/ voluntarily withdrawn limited liability company	y dissolved/	9 V L1 133 [13]	
	Make checks payab	le to Florida Department of State and mail Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	to: 25	12	

118000 300 606

INHS17 (2/14)