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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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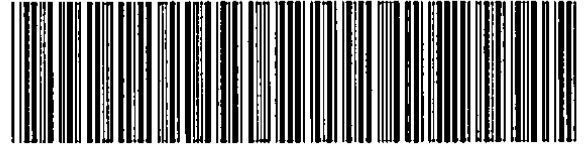
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Palm Cardiovascular Research Institute LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000156188

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:

Lyle Silver

Name of Person

South Palm Cardiovascular Associates LLC  
Name of Firm/Company

13550 Jog Road, Ste 204  
Address

Delray Beach, FL 33446  
City/State and Zip Code

lsilver@spcra.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyle Silver at (617) 669-4740  
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

William Dalton, hereby resigns as  
Name of Registered Agent

Registered Agent for South Palm Cardiovascular Research Institute, LLC

Name of Limited Liability Company

L17000156188  
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.

William Dalton  
Signature of Resigning Agent

If signing on behalf of an entity:

William Dalton  
Typed or Printed Name

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

2021 FEB -9 AM 8:15