

# L17000176347

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

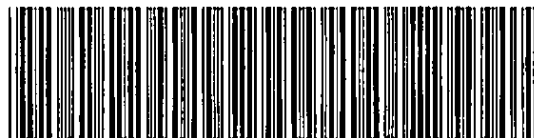
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 300359785163

03/22/21--01042--019 \*\*85.00

FILED  
STATE  
REC. FL

MAY 22 PM 4:38

ED

MAY 27 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

MEDSHINE LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000176347

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:

Attn: ROA Team

Name of Person

Capitol Corporate Services, Inc.

Name of Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

regagent@capitol-services.com

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

For further information concerning this matter, please call:

Agent Resignation Filings Team at ( 800 ) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Amendment 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,

Capitol Corporate Services, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for

MEDSHINE LLC

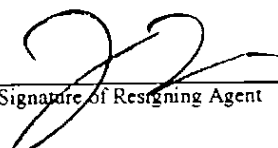
Name of the Limited Liability Company

L17000176347

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

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