

L17000237507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

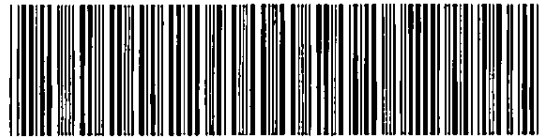
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2023 JUN 14 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FL

RA Resignation

JUN 29 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPOLI MEDICAL CENTER LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000237507

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:

PAUL V CLOUGH

Name of Person

Name of Firm/Company

1751 US HIGHWAY 27 S

Address

SEBRING, FL 33870

City/State and Zip Code

PAUL@TAXMAESTRO.COM

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

For further information concerning this matter, please call:

PAUL V CLOUGH

863

6584357

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2023 JUN 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2023

PAUL V CLOUGH
1751 US HIGHWAY 27-S
SEBRING, FL 33870-4920

SUBJECT: NAPOLI MEDICAL CENTER, LLC
Ref. Number: L17000237507

We have received your document for NAPOLI MEDICAL CENTER, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

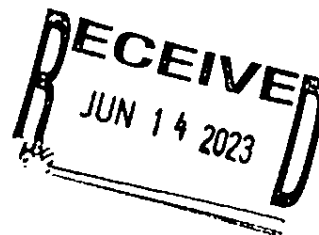
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 023A00012545



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

PAUL V CLOUGH

, hereby resigns as

Name of Registered Agent

Registered Agent for NAPOLI MEDICAL CENTER LLC

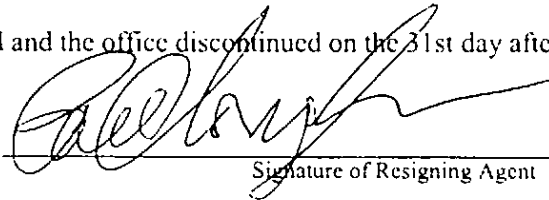
Name of Limited Liability Company

L17000237507

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:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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