U1000 2100010

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consider the contribution of Edition Officer
Special Instructions to Filing Officer.
J. HOD.
III.
J. HORNE JUN 1 0 2025

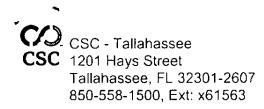
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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 06/09/25 Order #: 2547983-25

Re: Cardiac CIN of West Palm, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$85.0 - FL State Account Number:

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.0115, Florida Statute.	s, the undersigned,	CES ST
CORPORATION SE	RVICE COMPANY	, hereby resigns as	
	Name of Registered Agent	; neroty resigns us	زًا ف
Registered Agent for	r Cardiac CIN of West Palm, LLC		(S)
			ري ``
	Name of Limited Liability Compa	any	
L17000260006			
Documer	nt Number, if known		
	nation was mailed to the above listed limitenated and the office discontinued on the 31		
	Signature of Resign	ning Agent	
If signing on behalf	(ning Agent	
If signing on behalf	(ning Agent	
If signing on behalf	of an entity:		
If signing on behalf	of an entity: BY JEANNETTE JONES		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

AGRES-234131

Tallahassee, FL 32314