L18000054491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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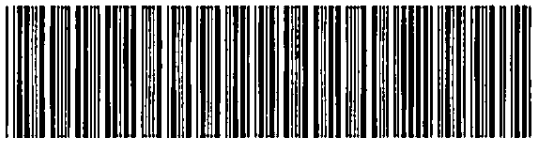

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FILED
2022 JAN -5 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nova Therapy Specialists
Name of Limited Liability Company

DOCUMENT NUMBER: L19000254491

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:

Crystal Skinner
Name of Person

Nova Therapy Specialists
Name of Firm/Company

1665 S Tamiami Trail, Suite 105
Address

Sarasota, FL 34236
City/State and Zip Code

~~Crystal Skinner EW~~ novaPTspecialists@gmail.com
~~Email address (to be used for future annual report notification)~~

For further information concerning this matter, please call:

Crystal Skinner at (708) 670-6973
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (07/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Meghan Wicks , hereby resigns as

Name of Registered Agent

Registered Agent for Nova Therapy Specialists, LLC

Name of Limited Liability Company

L16000054491

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

FILED
2016 JUN -5 PM 12:18
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