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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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SECRETARY OF STATE
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DIVISION OF CORPORATIONS
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LLC REGISTERED AGENT RESIGNATION ADVANCED MEDICINE OPTIONS LLC

Certificate of Status	0
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T. LEMIEUX

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Help MAY 14 2025

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Northwest Registered Agent LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Advanced Medicine Options LLC

Name of Limited Liability Company

L18000098415

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.

Taylor Newman
Signature of Resigning Agent

If signing on behalf of an entity:

Taylor Newman

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withdrawn limited liability company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

FILED
2025 MAY 13 AM 8:56
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL