

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1800017108

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To:

Division of Corporations
Fax Number : (561)617-6283

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 120892020037
Phone : (561)792-7236
Fax Number : (561)202-8082

24:3 PM 11 2023 OCT

FLORIDA
DIVISION OF CORPORATIONS
STATE

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Email Address: _____

LLC REGISTERED AGENT RESIGNATION ALPHA OMEGA MEDICAL GROUP, LLC

Certificate of Status

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K. Brumley

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October 11, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALPHA OMEGA MEDICAL GROUP, LLC
5750 RUSACK DRIVE
MELBOURNE, FL 32940

SUBJECT: ALPHA OMEGA MEDICAL GROUP, LLC
REF: L18000117108

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KYLE D BRUMBLEY

FAX Aud. #: H23000355107

Regulatory Specialist II Supervisor
Registration Section

Letter Number: 923A00023561

P.O. BOX 6327 - Tallahassee, Florida 32314

H230003551073

H230003551073

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

A1A REGISTERED AGENT INC.

Name of Registered Agent

hereby resigns as

Registered Agent for ALPHA OMEGA MEDICAL GROUP, LLC

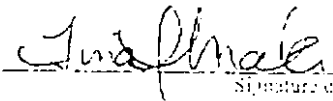
Name of Limited Liability Company

018000117108

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

U signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

DP

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 35.00 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withdrawn limited liability company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

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