

5/29/24, 10:20 AM

Division of Corporations

L18000142623

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION AVALON MEDICAL & REHABILITATION CENTER LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAY 30 2024
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVALON MEDICAL & REHABILITATION CENTER LLC

(Name of Corporation)

DOCUMENT NUMBER: L18000142623

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ZAYDMAN

(Name of Person)

AVALON MEDICAL & REHABILITATION

(Name of Firm/Company)

3601 W COMMERCIAL BLVD STE 18

(Address)

FT LAUDERDALE FL 33309-3302

(City/State and Zip Code)

For further information concerning this matter, please call:

ROMAN ZAYDMAN

(Name of Person)

at (954) 526-4777
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, KIM MARKS
(Name of Registered Agent)

hereby resigns as Registered Agent for AVVALON MEDICAL & REHABILITATION CENTER LLC
(Name of Corporation)

L18000142623

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

KIM MARKS
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

DEPT. OF STATE
TALLAHASSEE, FL

MAY 29 AM 9:11

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Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314