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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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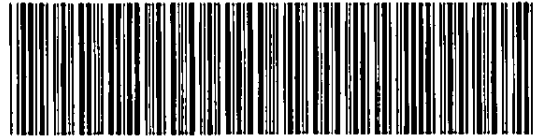
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RARES

JQ 10/27/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA RHEUMATOLOGY CARE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000173453

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:

FERNANDO J COLON

Name of Person

CENTRAL FLORIDA RHEUMATOLOGY CARE, LLC

Name of Firm/Company

6439 HIGHLANDS IN THE WOODS STREET

Address

LAKELAND/FLORIDA 33813

City/State and Zip Code

fernanjc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO J COLON

Name of Person

at (787) 648-1031

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MEDINA LAW GROUP, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for CENTRAL FLORIDA RHEUMATOLOGY CARE, LLC

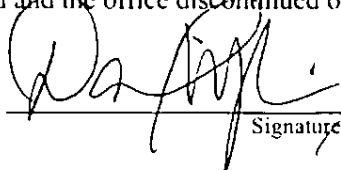
Name of Limited Liability Company

L18000173453

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.

 President
Signature of Resigning Agent

If signing on behalf of an entity:

Daniel Medina

Typed or Printed Name

President

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

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TALLAHASSEE, FL