

Division of Corporations

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L18000272564

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO, BOZARD, P.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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
SPACE COAST NEPHROLOGY, PLLC

Certificate of Status	0
Certified Copy	0
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DEAN MEAD SERVICES, LLC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____

SPACE COAST NEPHROLOGY, PLLC

Name of Limited Liability Company

L18000272584

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.

Dean Mead Services, LLC

By: *Claudia Haines Jones*

Signature of Resigning Agent

If signing on behalf of an entity:

Claudia Haines Jones

Typed or Printed Name

Vice President of Sole Member

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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