

1/18/2019

L18000275461

Division of Corporations

Florida Department of State

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

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT RESIGNATION
RENAL KIDNEY CARE LLC

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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DEC 22 2019

A. LUNT

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
_____, hereby resigns as
Name of Registered Agent

Registered Agent for RENAL KIDNEY CARE LLC

Name of Limited Liability Company

L18000275461

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.

Tom Glover

Signature of Resigning Agent

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name
Manager

Capacity

19 JAN 18 AM 9:55
FILED
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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