

L19 0000 13465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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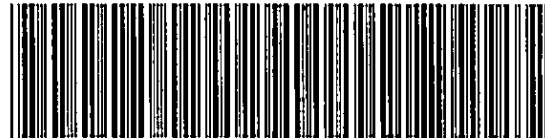
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
AND BUSINESS REGISTRATION

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MAR 25 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITY CENTER KISSIMMEE MEDICAL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000013465

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:

Michael A. Nardella, Esq.

Name of Person

Nardella & Nardella, PLLC

Name of Firm/Company

135 W. Central Blvd., Suite 300

Address

Orlando, FL 32801

City/State and Zip Code

service@nardellalaw.com

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

For further information concerning this matter, please call:

Arlene Hutchinson

Name of Person

at (407)

Area Code

738-4115

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

NARDELLA & NARDELLA, PLLC, hereby resigns as
Name of Registered Agent

Registered Agent for CITY CENTER KISSIMMEE MEDICAL, LLC

Name of Limited Liability Company

L19000013465

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

If signing on behalf of an entity:

MICHAEL A. NARDELLA

Typed or Printed Name

AUTHORIZED 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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314