

# L190000041918

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL




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TALLAHASSEE, FL



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 669220 8323810  
AUTHORIZATION :   
COST LIMIT : \$ .85.00

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ORDER DATE : February 17, 2021  
ORDER TIME : 2:59 PM  
ORDER NO. : 669220-005  
CUSTOMER NO: 8323810

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RESIGNATION OF AGENT

NAME: INTEGRA HEALTHCARE EQUIPMENT  
OF MIAMI, LLC

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for INTEGRA HEALTHCARE EQUIPMENT OF MIAMI, LLC

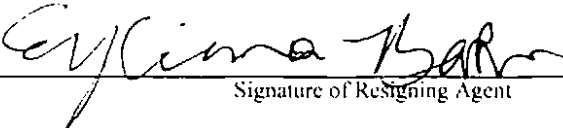
Name of Limited Liability Company

L19000041918

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:

BY EYLIENA BAKER

Typed or Printed Name

VICE PRESIDENT

Capacity

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TALLAHASSEE, FL

## **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withdrawn limited liability company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