

L19000046189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. HORNE  
JUN 26 2024

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2024 JUN 26 11:12:50

2024 JUN 26 11:12:50



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

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

United States Corporation Agents, Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Lundy M.D. LLC

\_\_\_\_\_  
Name of Limited Liability Company

L19000046189

\_\_\_\_\_  
Document Number, if known

2024 MAR 21 PM 12:51  
FILED

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:

Cheyenne Moseley

\_\_\_\_\_  
Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

\_\_\_\_\_  
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withdrawn limited liability company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