

L19000126087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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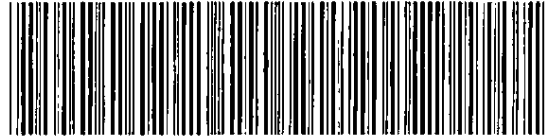
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J. HORNE

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brain and Spine Clinic, LLC f/k/a East Coast Neuro Spine Clinic, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000126087

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:

Christopher Y. Mills

Name of Person

Mills

Name of Firm/Company

701 South Olive Avenue, Suite 105

Address

West Palm Beach, FL 33401

City/State and Zip Code

cmills@mills.legal

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

For further information concerning this matter, please call:

Christopher Y. Mills

Name of Person

at

561

Area Code

408-0019

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Christopher Y. Mills \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Brain and Spine Clinic, LLC f/k/a East Coast Neuro Spine Clinic, LLC


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

L19000126087

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
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**

FILED  
23 AUG -3 AM 10:45  
TALLAHASSEE, FLORIDA  
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