

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L190001AL336

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
 Account Name : PARASEC
 Account Number : I20180000086
 Phone : (916)576-7000
 Fax Number : (800)603-5868

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

Email Address: RISOS@PARASEC.COM

2020 MAY -7 AM 11:53

RECEIVED

2020 MAY -7 PM 3:53

**LLC REGISTERED AGENT RESIGNATION
 MRS MEDICAL CENTER, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$85.00 |

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRS MEDICAL CENTER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000126336

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:

Jason Batalla
Name of Person

Parasec
Name of Firm/Company

2804 Gateway Oaks Dr # 100
Address

Sacramento, CA 95833
City/State and Zip Code

rlsos@parasec.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Batalla at (800) 533-7272
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Rocket Lawyer Corporate Services LLC, hereby resigns as
Name of Registered Agent

Registered Agent for
MRS MEDICAL CENTER, LLC

Name of Limited Liability Company

L19000126336

Document Number, if known

2020 MAY 7 AM 11:53

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.

L. Herrera
Signature of Resigning Agent

If signing on behalf of an entity:

Leticia Herrera
Typed or Printed Name

Assistant Secretary
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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