

L19000142181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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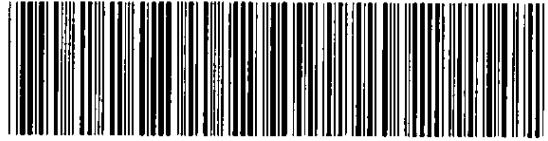
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2024 AUG 30 PM 12:08

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUEPARTNERS LAKEWOOD INPATIENT SPECIALISTS LLC

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

**DOCUMENT NUMBER:** L19000142181

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:

Kelly Casey

\_\_\_\_\_  
Name of Person

Cogency Global Inc.

\_\_\_\_\_  
Name of Firm/Company

800 N. State Street #403

\_\_\_\_\_  
Address

Dover, Delaware 19901

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Casey

\_\_\_\_\_  
Name of Person

866 621-3524  
at ( )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

COGENCY GLOBAL INC.

\_\_\_\_\_, hereby resigns as

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

Registered Agent for TRUEPARTNERS LAKEWOOD INPATIENT SPECIALISTS LLC

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

L19000142181

\_\_\_\_\_  
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.

Kelly Casey  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Kelly Casey

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

Assistant Secretary/ Cogency Global Inc.

\_\_\_\_\_  
Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolve/  
withdrawn limited liability company

FILED  
2024 AUG 30 PM 12:08  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314