

L19000161560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

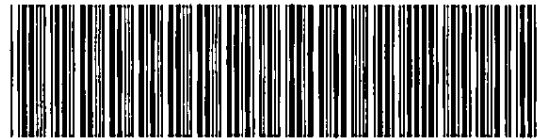
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 23 AM 11:40
FILED
TALLAHASSEE, FL

4/15/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Medical Center
Name of Limited Liability Company

DOCUMENT NUMBER: 1.19000161560

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:

Marguerite Bragg

Name of Person

Emerald Medical Center, LLC
Name of Firm/Company

1901 SE 39th St

Address

Cape Coral FL 33904

City/State and Zip Code

Maggie@emeraldmedicalcenter.com

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

For further information concerning this matter, please call:

Donald W Ketterhagen

at (239)

3369882

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Donald W Ketterhagen

, hereby resigns as

Name of Registered Agent

Registered Agent for Emerald Medical Center LLC

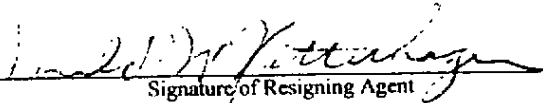
Name of Limited Liability Company

L19000161560

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:

Emerald Medical Center LLC

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