119000176569

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only

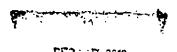


200334356192

11/12/19--01007--003 **25.00

RECEIVED NOV - 8 2019





T SCHPOEDER

COVER LETTER

SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L19000176569 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted
DOCUMENT NUMBER: L19000176569
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:
NORMAN S. WEINSTEIN
Name of Person
950-990 MEDICAL LLC
Name of Firm/Company
2200 BUTTS ROAD, SUITE 310
Address
BOCA RATON, FL 33431
City/State and Zip Code
MPRIEST@STATESIDECAP.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MELANIE PRIEST at (561) 278-9292 Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.
MAILING ADDRESS: STREET ADDRESS:
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the undersigned.			
MARK WEINER	hereby resigns as			
	Name of Registered Agent			
Registered Agent for <u>B</u>	&D 950 LLC		-	
	Name of Limited Liability Company		_·	
L19000176569				
Document No	unber, if known			
A copy of this resignation	on was mailed to the above listed limited liability company at its last known	address		
The agency is terminate	d and the office discontinued on the 31st day after the date on which this sta	itement i	is liled.	
If signing on behalf of a	n entity:	21,		
	MARK WEINER		19 NOV	
	Typed or Printed Name MANAGER	::-: :::: ::::::::::::::::::::::::::::	8- AOI	T
	Capacity			ंग
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		MH: 28	J

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