

L19 000254455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

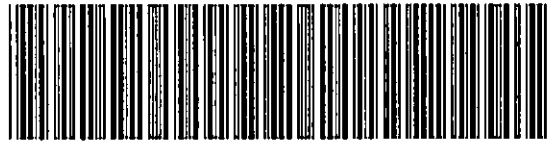
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
MAR - 8 2023



100399113091

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2022 DEC 19 AM 9:30

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medplaspro, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000254455

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:

Jennifer Behrens
Name of Person

Jennifer Behrens
Name of Firm/Company

723 Commerce Dr, Unit A
Address

Venice, FL 34292
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Behrens at (941) 587-3889
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,


Jennifer Behrens, hereby resigns as
Name of Registered Agent

Registered Agent for Medplaspro, LLC
Name of Limited Liability Company

L19000254455
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 DEC 19 AM 9:31

FILED

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