

L191000264942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

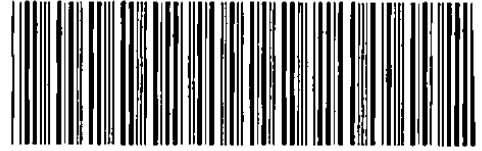
(Business Entity Name)

(Document Number)

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2023 JUL 19 AM 9:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R DICKERT POPULATION HEALTH SERVICES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000264947

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:

EDWARD SERRA CPA

Name of Person

SERRA & COMPANY CPA LLC

Name of Firm/Company

6118 W CORPORATE OAKS DR

Address

CRYSTAL RIVER FL 34429

City/State and Zip Code

CHRISTINA@SERRACPAFIRM.COM

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

For further information concerning this matter, please call:

EDWARD SERRA

Name of Person

at (352) 794-3879

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SERRA & COMPANY CPA LLC, hereby resigns as
Name of Registered Agent

Registered Agent for R DICKERT POPULATION HEALTH SERVICES LLC

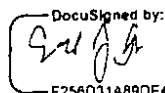
Name of Limited Liability Company

L19000264947

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.

DocuSigned by:

F256D31A89DE441

Signature of Resigning Agent

If signing on behalf of an entity:

EDWARD SERRA CPA

Typed or Printed Name

REGISTERED AGENT

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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FILED
SECRETARY OF STATE
2023 JUL 19 AM 9:11