

L20000248130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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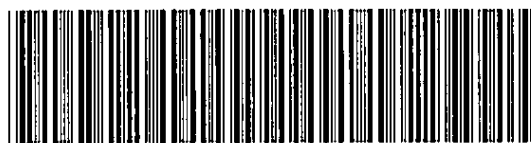
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Concierge Women's Care

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

**DOCUMENT NUMBER:** L20000248130

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:

Michele Lee Anderson

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

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

4923 Oak Island Rd

\_\_\_\_\_  
Address

Belle Isle, Florida 32809

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

CheleCNM@aol.com

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

For further information concerning this matter, please call:

Michele Lee Anderson

407

761-3677

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Michele L. Anderson, hereby resigns as

Name of Registered Agent

Registered Agent for Concierge Women's care

Name of Limited Liability Company

1.20000248130

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

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