# K21000054473

(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



700383622197

03/14/22--01017--027 \*\*05.00

2022 HER 11, 141 7: 09

O SIMMONS MAR 25 2022





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

### REFERENCE # MUST BE ON INVOICE TO BE PAID

March 07, 2022 Date:

AE:

Cori Ann Crosthwaite

Vendor# 1960

IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Ref Number:

1745432

Division of Corporations PO Box 6327

850-687-6381

Tallahassee, FL 32314

Return Shipping:

FAX:

EMAIL:

NAME:

HAPPY DREAMS ANESTHESIA LLC

#### FILE REGISTERED AGENT RESIGNATION

State

FL

#### PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the unde	ersigned,	70.2
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as	9102 HAS
	Name of Registered Agent	_, nereey reargins and	TA 语
Registered Agent for	HAPPY DREAMS ANESTHESIA LLC		
	Name of Limited Liability Company		0.9
L21000054473			
Document :	Number, if known		
_	tion was mailed to the above listed limited liability		
The agency is termina	ted and the office discontinued on the 31st day after	er the date on which tr	iis statement is med.
	Edma Vyraz		
	Signature of Resigning Agent	<del> </del>	
If signing on behalf of	an entity:		
	EDNA PERRY		
	Typed or Printed Name		
	Asst. Secretary Rocket Lawyer Corporate Services	LLC	
	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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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