

# L21000144167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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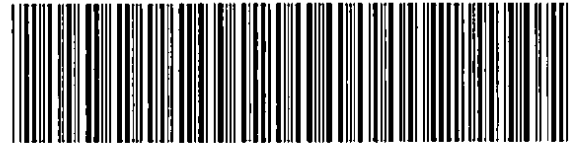
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Inbound Clinic LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000144167

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:

James Desmond

Name of Person

The Inbound Clinic LLC

Name of Firm/Company

4058 37th Ave N

Address

St. Petersburg, FL 33713

City/State and Zip Code

jamezdezmond@gmail.com

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

For further information concerning this matter, please call:

James Desmond

Name of Person

at ( 860 ) 899-7380

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

United States Corporation Agents INC

Name of Registered Agent

hereby resigns as

Registered Agent for

The Inland Clinic LLC

Name of Limited Liability Company

L21000144167

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:

United States Corporation Agents INC

Typed or Printed Name

James Desmond, owner of The Inland Clinic 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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2023 MAY 11 PM 1:02

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