

L21000414371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

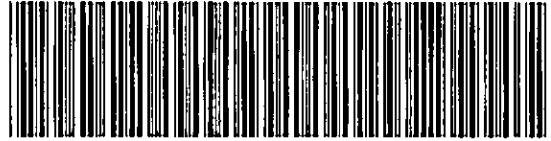
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

MAR 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CLINIC AT HONEY LAKE FARMS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000414371

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:

SIERRA CAMPOS

Name of Person

FIRST CORPORATE SOLUTIONS, INC.

Name of Firm/Company

914 S STREET

Address

SACRAMENTO, CA 95811

City/State and Zip Code

raservices@ficoso.com

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

For further information concerning this matter, please call:

Sierra Campos

at (844) 392-7588

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FIRST CORPORATE SOLUTIONS, INC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for THE CLINIC AT HONEY LAKE FARMS LLC

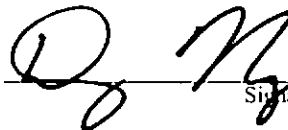
Name of Limited Liability Company

L21000414371

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:

First Corporate Solutions, Inc. by Dang Nguyen

Typed or Printed Name

Assistant Secretary

Capacity

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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