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Division of Corporations

Florida Department of State
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 Electronic Filing Cover Sheet

L21000463758

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
 CHIROMART FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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T. LEMIEUX

JAN 17 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C.T CORPORATION SYSTEM

, hereby resigns as

Name of Registered Agent

Registered Agent for CHIROMART FLORIDA, LLC

Name of Limited Liability Company

L21000463758

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.

Nancy Helm-Brown

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Typed or Printed Name

ASSISTANT SECRETARY

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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