

12/18/23, 3:51 PM

Division of Corporations

**L21000475876**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CARVER DARDEN  
Account Number : I20070000116  
Phone : (850)266-2300  
Fax Number : (850)266-2301

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

Email Address: benbrownmd@gmail.com

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
RPS SURGICAL CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RPS SURGICAL CENTER LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000475876

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:

ROBERT S. RUSHING, ESQ.

Name of Person

Name of Firm/Company

151 WEST MAIN STREET, SUITE 200

Address

PENSACOLA, FL 32502

City/State and Zip Code

benbrownmd@gmail.com

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

For further information concerning this matter, please call:

ROBERT S. RUSHING

Name of Person

at (850) 266-2303

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

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

ROBERT S. RUSHING, ESQ

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for RPS SURGICAL CENTER LLC

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

L21000475876

\_\_\_\_\_  
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

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