

L21000504620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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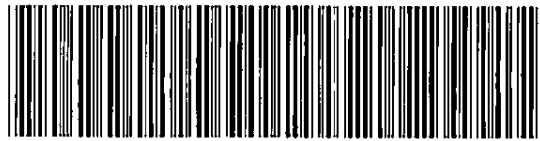
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: PALM CITY MEDICAL GROUP
Name of Limited Liability Company

DOCUMENT NUMBER: L21000504620

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:

SIMONA SILVESTRI
Name of Person

PALM CITY MEDICAL GROUP
Name of Firm/Company

2846 SW TOWN CENTER WAY
Address

PALM CITY, FL, 34990
City/State and Zip Code

simonaksilvestri@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMONA SILVESTRI at 305 807-0086
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FILED

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

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

SIMONA SILVESTRI, hereby resigns as
Name of Registered Agent

Registered Agent for PALM CITY MEDICAL GROUP LLC


Name of Limited Liability Company

1.21000504620

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withdrawn limited liability company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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