122000081974

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DanMed LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L22000081974	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (Area Code	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the under	rsigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, hereby resigns us	
Registered Agent for $\frac{\Box}{\Box}$	anMed LLC		
	Name of Limited Liability Company	·	
L22000081974			
Document N	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which this statement is	filed.
	Signature of Resigning Agent	2024 MAR SEC.	
If signing on behalf of a	in entity:	MAR	
	Cheyenne Moseley	28	i Library
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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