	Te: 18506176	383 From: 12792140142	Date: 05/13/24	Time: 9:50	PM Page: 02/	′03		
5/13/24, 2:48 F	м	Division of Corporations						
		Division		t. Type the fax		5		
	(-	(((H24000172964 3)))						
		······································						
		H240	001729643ABC2					
	Note: DO	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.						
	r	Long so will ge						
	To:	Division of Corporatio	ns					
			617-6383					
	From:					2024 HAY Secret	÷.	
0	o syo an	the email address for th nual report mailings. En ail Address:	is business entity ter only one email	y to be used address plea	for future ese.**	IL AH		
	AH IO: C. S. MI C. FLORI C. FLORI					9 <b>1 :8</b>	مر ا	
E.F		LLC REGISTERE	D AGENT RES	GNATION				
	9024 H&Y DEPART							
And	2024 DEI TAL	Certificate of Status		0				
		Certified Copy Page Count		0				
		Estimated Charge		\$25.00				
		A			M. SOLO	MON		
					NAY 13	2024		
	, · · · · · · · · · · · · · · · · · · ·							

Electronic Filing Menu Corporate Filing Menu

Help

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

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

Name of Registered Agent

ROCKET LAWYER CORPORATE SERVICES LLC

\_\_\_\_\_, hereby resigns as

Registered Agent for \_\_\_\_\_S&S\_ Med Group LLC

Name of Limited Liability Company

L22000107515

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.

Calna Munz

Signature of Resigning Agent

If signing on behalf of an entity:

EDNA PERRY

Typed or Printed Name Asst. Secretary Rocket Lawyer Corporate Services LLC

Capacity

2024 HAY 14 AH 8: 46 IL ED

Ś

**FILING FEES:** 

\$ 85.00 \$ 25.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/

withdrawn limited liability company

Make checks payable to Fiorida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

INHS17 (2/14)