

L22000230646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

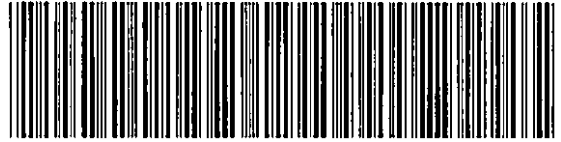
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Registered Agent

Office Use Only



200421348312

02/02/24--01002--007 **195.00

FILED
2024 FEB -1 PM 3:54
RECEIVED
2024 FEB -1 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FL
MAIL ROOM

AB

	Advanced Incorporating Service
--	---------------------------------------

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

<p style="text-align: center;">NAME OF ENTITY</p> <p>Omni Integrative Medicine Management PLLC</p> <p> </p> <p> </p> <p> </p>	<p>FOR OFFICE USE ONLY</p>
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PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP

____ FICTITIOUS NAME ____ SERVICEMARK/TRADEMARK ____ AMENDMENT

____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN

XX OTHER Registered Agent Resignation

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY

Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 2/1/24 **TIME** _____

Notes: _____

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Advanced Filing and Retrieval Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for OMNI INTEGRATIVE MEDICINE MANAGEMENT PLLC


Name of Limited Liability Company

1.22000230646

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:

Weimar Lopez

Typed or Printed Name

Secretary

Capacity

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SECRET
TALLAHASSEE, FL
STATE

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

ADVANCED INCORPORATING SERVICE

SUBJECT: OMNI INTEGRATIVE MEDICINE MANAGEMENT PLLC
Ref. Number: L22000230646

We have received your document for OMNI INTEGRATIVE MEDICINE MANAGEMENT PLLC and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 524A00002298

*Corrected
keep original file date
Thank*

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2024 FEB-5 PM 2:50
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

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Regulatory Specialist II

Letter Number: 524A00002298

Office of the Secretary of State