L23000408101

| (Rec | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE
TALLAHASSEF, FLORIO

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Coastal Care D.P.C., PLI | _C |
|---|--|
| Name of Limited Liabili | |
| DOCUMENT NUMBER: L23000408701 | |
| The enclosed Resignation of Registered Agent for a Limite for filing. | ed Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to | the 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: | |
| 800 | 773-0888 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 605.011: | 5, Florida Statutes, the unde | rsigned, | | |
|--|--------------------------------|--|---|-----------------------|----------|
| United States Corporation Agents, Inc. | | , hereby resigns as | | | |
| | Name of Registered Ager | | · ···································· | | |
| Registered Agent for C | oastal Care D.P.C | C., PLLC | | | |
| | Name of Lim | ited Liability Company | | | _, |
| L23000408701 | | | | | |
| Document Nu | mber, if known | | | | |
| A copy of this resignation | on was mailed to the a | bove listed limited liability | company at its last knowr | ı addres | S. |
| The agency is terminate | | ntinued on the 31st day afte | r the date on which this st | atement | is filed |
| | | Signature of Resigning Agent | | | |
| If signing on behalf of a | n entity: | | | | |
| | Erik Treutlein | | | | |
| | T | yped or Printed Name | | | |
| | Vice President for U | nited States Corporation Ag | ents, Inc. | ~ | |
| | | Capacity | AL. | 024 | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liabili | ompany ed/ voluntarily dissolved/ ity company | 2024 JUN 12 PM 12: 49 | FILED |

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