m02000000120

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ocala Endoscopy Anesthesia LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M02000000120

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:

Bill Emerson
Name of Person

Ocala Endoscopy Anesthesia
Name of Firm/Company

1901 SE 18th Ave #400
Address

Ocala FL 34471
City/State and Zip Code

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

15 JAN 25 PM 1:01

For further information concerning this matter, please call:

Bill Emerson at (352) 671-3883
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Emilie V Digby, hereby resigns as
Name of Registered Agent

Registered Agent for The Ocala Endoscopy Anesthesia, LLC

Name of Limited Liability Company

M02000000120
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.

Emily V Digby
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

15 JAN 26 PM 1:01

FILED

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$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)