

1109000002604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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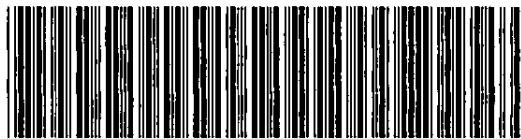
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN

OCT. 28 2012

EXAMINER



**CAPITOL
SERVICES**

**Resignation of Registered Agent for a
Foreign Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 10/17/2012
STATE: FLORIDA
REP UNIT: SANTA BARBARA MEDICAL
INNOVATIONS, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 23148 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

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TALLAHASSEE, FLORIDA

Capitol Corporate Services, Inc.
Registered Agent Services



24-23476L

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANTA BARBARA MEDICAL INNOVATIONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000002604

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:

Rhonda Peirce
Name of Person

Capitol Services Registered Agent Department
Name of Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City/State and Zip Code

rpeirce@capitol-services.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce at (800) 345-4647
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for

SANTA BARBARA MEDICAL INNOVATIONS, LLC

Name of Limited Liability Company

M09000002604

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:

Cheryl Roberts

Typed or Printed Name

President

Capacity

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TALLAHASSEE, FLORIDA

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