

Division of Corporations

Florida Department of State
 Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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LLC REGISTERED AGENT RESIGNATION
 ADVANCED PATIENT ADVOCACY, LLC

Certificate of Status	0
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Corporate Filing Menu

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JAN 08 2021
 C. Kinser

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T CORPORATION SYSTEM

Name of Registered Agent

Registered Agent for ADVANCED PATIENT ADVOCACY, LLC

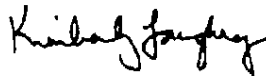
Name of Limited Liability Company

M10000002189

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:

Kimberly Laughrey

Typed or Printed Name

Assistant Secretary

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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SECRETARY OF STATE
TALLAHASSEE, FL