

M11 0000000 133

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2020 AUG 21 P 3 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VS  
10/12/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIDTOWN OUTPATIENT SURGERY CENTER, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M11000000133

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:

Maria Marchetti

Name of Person

Name of Firm/Company

4600 LINTON BLVD., Ste 100

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

mmarchetti@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Marchetti

Name of Person

at (

561

Area Code

670-3081

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CRAIG I. KELLEY, hereby resigns as

Name of Registered Agent

Registered Agent for MIDTOWN OUTPATIENT SURGERY CENTER, LLC

Name of Limited Liability Company

M11000000133

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.

DocuSigned by:

Craig Kelley

EECA-78CAB-04E7

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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, FLORIDA

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