

MI 000000990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400281824304

02/08/16--01019--009 **25.00

FILED
16 FEB -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN FERTILITY INSTITUTE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M11000000990

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:

Jody V. Crowley

Name of Person

Corporate Service Bureau Inc.

Name of Firm/Company

283 Washington Ave.

Address

Albany, NY 12206

City/State and Zip Code

Martha@signallaw.com

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

For further information concerning this matter, please call:

Jody Crowley

Name of Person

at (518) 463-8550, ext 209

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Corporate Service Bureau Inc.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **American Fertility Institute, LLC**

Name of Limited Liability Company

M11000000990

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:

Scott J. Schuster

Typed or Printed Name

President of Corporate Service Bureau Inc.

Capacity

FILED
16 FEB - 8 AM 9:00
SECRETARY OF STATE
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**