

M120000001036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

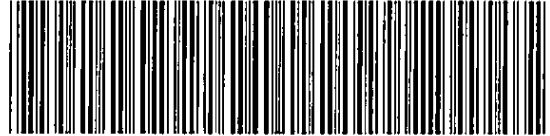
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800418064098

01/16/24--01005--008 \*\*170.00

TALLAHASSEE, FLORIDA

2024 JAN 18 AM 10:22

FILED

TALLAHASSEE, FLORIDA

2024 JAN 18 PM 2:38

RECEIVED

FLORIDA RESEARCH & FILING SERVICES, INC.

1/18/2024

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

DERM BAR MD FALLS LLC

PLEASE RETURN A STAMPED COPY

CHECK: #9820

AMOUNT: \$170.00 (\$85.00 for this filing)

THANK YOU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DERM BAR MD FALLS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M12000001036

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:

Dr. M. ELENA KENDALL

Name of Person

DERM BAR MD HOLDINGS, LLC

Name of Firm/Company

318 Alhambra Circle

Address

CORAL GABLES, FL 33134-5014

City/State and Zip Code

mekmdpa@msn.com

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

For further information concerning this matter, please call:

M. Elena Kendall at (305) 7738311  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

ATRIUM REGISTERED AGENTS, INC.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

DERM BAR MD FALLS , LLC

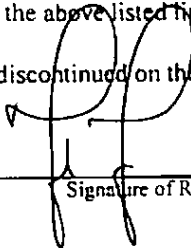
\_\_\_\_\_  
Name of Limited Liability Company

M12000001036

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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

FILED  
2024 JAN 18 AM 10:22  
TALLAHASSEE, FLORIDA