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Division of Corporations

Florida Department of State

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## LLC REGISTERED AGENT RESIGNATION OSSC ANESTHESIA, LLC

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K. SALY

MAR 15 2024

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

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

NRAI SERVICES, INC

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

, hereby resigns as

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

OSSC ANESTHESIA, LLC

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

M12000004069

\_\_\_\_\_  
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.

*Nancy Helm-Brown*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

FILED  
2024 MAR 14 PM 2:56  
TALLAHASSEE, FL 32314  
STATE OF FLORIDA  
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