

M1300000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

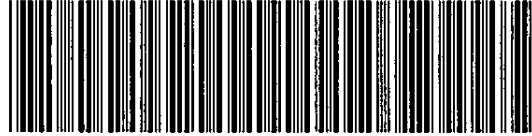
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300275965993

08/14/15--01024--007 **65.00

FILED
15 AUG 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1161767
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Healthcare Technologies LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M13000003551

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:

Maya Mohan

Name of Person

American Healthcare Technologies LLC

Name of Firm/Company

201 N. Franklin Street Suite 3410

Address

Tampa, Florida 33602

City/State and Zip Code

maya.mohan@ahtllc.com

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

For further information concerning this matter, please call:

Maya Mohan

Name of Person

at (**813**) **221-2300**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Dr. Mohan Kutty

, hereby resigns as

Name of Registered Agent

Registered Agent for American Healthcare Technologies LLC

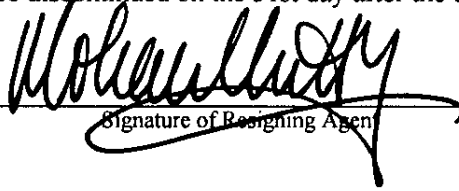
Name of Limited Liability Company

M13000003551

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:

MOHAN KUTTY

Typed or Printed Name

DIRECTOR

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
15 AUG 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA