# M14000005643

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
-
(Document Number)
Certified Copies Certificates of Status
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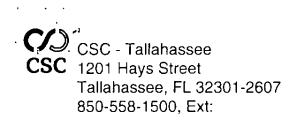
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E.3/15/24



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/14/24 Order #: 1445090-8

Re: Paradigm Spine, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

I20000000195 Cost Limit: 87.50

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

#### **COVER LETTER**

Registration Section Division of Corporations SUBJECT: Paradigm Spine, LLC Name of Limited Liability Company  $\textbf{DOCUMENT NUMBER:} \underline{^{M14000005643}}$ 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Address

City/State and Zip Code

RESIGNATION DEPT Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

WILMINGTON, DE 19808

ANNUALREPORTS@CSCGLOBAL.COM

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

TO:

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

Pursuant to the provisions of section 605	.0115, Florida Statutes,	, the undersigned,		
CORPORATION SERVICE COMPANY here		, hereby resigns as	phy resions as	
Name of Registered	l Agent	nereo, resigns as		
Registered Agent for Paradigm Spine. LL	<u> </u>			
Name o	f Limited Liability Compar	ny		
M14000005643				
Document Number, if known				
The agency is terminated and the office d	Signature of Resigni		this statement is filed	
If signing on behalf of an entity:				
BY AMANDA M	MILLER			
VICE PRESIDE	Typed or Printed Name NT			
FILI \$ 85. \$ 25.	Capacity  NG FEES:  OO Active limited li OO Administratively withdrawn limited	iability company y dissolved/ voluntarily dissolted liability company	AH 9: 23	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CSC AGRES-4205