

M15000000918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

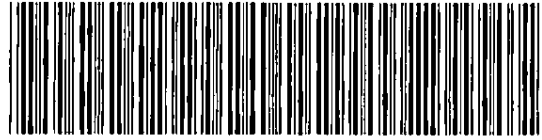
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2024 JAN 18 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 JAN 18 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M1500000918

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 Cir

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

Name of Person at (305) 7738311
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, LLC

Name of Limited Liability Company

M15000000918

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/
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

RECEIVED
TALLAHASSEE, FLORIDA

2024 JAN 18 AM 10:19

FILED