M1500000 11666

(Requestor's Name)	
(Address)	
(Address) .	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entry Harney	
(2)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	Ì
	- (
	-

Office Use Only

611-



100338652381

01/03/20--01009--009 **75.00

2020 FEB 14 AN 9: 26

C. GOLDEN FEB 1 7 2020



TO: Registration Section Division of Corporations

MEDPREP CONSULTING GROUP, LLC SUBJECT:	
Name of Limited Liability Cor	npany
DOCUMENT NUMBER: M15000001666	
The enclosed Resignation of Registered Agent for a Limited Lia for filing.	bility Company and fee are submitted
Please return all correspondence concerning this matter to the fo	oflowing:
Kristie Tolliver	
Name of Person	
COGENCY GLOBAL INC.	
Name of Firm/Company	
850 New Burton Rd., Suite 201	
Address	
Dover, DE 19904	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Invoices Team Name of Person at (<u>866</u>) 62 Area Code Da	11-3524 Lytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



January 31, 2020

KRISTIE TOLLIVER C/O COGENCY GLOBAL INC. 850 NEW BURTON ROAD #201 DOVER, DE 19904

SUBJECT: MEDPREP CONSULTING GROUP, LLC

Ref. Number: M15000001666

We have received your document and check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00002380

Claretha Golden Regulatory Specialist II

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.		
COGENCY GLOBAL INC, hereby resigns as		
Name of Registered Agent		
Registered Agent for MEDPREP CONSULTING GROUP, LLC		_
Name of Limited Liability Company		<u>.</u>
Name of Fannes Gazoniy Company		
M15000001666		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement of Resigning Agent	uemeni i	s med.
If signing on behalf of an entity:	20	
Kristie Tolliver	2020 FFG L	
Typed or Printed Name	37	
Assistant Secretary, COGENCY GLOBAL INC.	Ţ	
Capacity	AM	u j
-	9.	
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ withdrawn limited liability company	: 26	

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