

m15000004911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

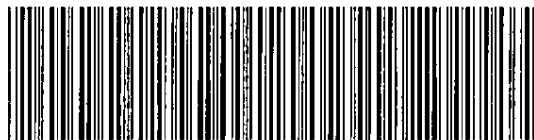
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CLERK OF STATE  
OF CONNECTICUT  
2023 JUN 22 AM 8:01



June 14, 2023

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Please file the following:

- 1. Statutory Agent Resignation for the attached entities.**

**PLEASE RETURN A FILED COPY TO ME VIA EMAIL  
RESIGNATIONS@URSCOMPLIANCE.COM OR VIA FAX 800-567-4398.**

Thank you for your assistance. If you have any questions or any delays in filing, please call me using our toll-free number 800-567-4397 or email me at [resignations@urscompliance.com](mailto:resignations@urscompliance.com).

Respectfully,

URS AGENTS, LLC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IES MedPlus of Kentucky, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M15000004911

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:

Nicole Williams  
Name of Person

URS Agents, LLC  
Name of Firm/Company

3675 Crestwood Parkway Suite 350  
Address

Duluth, GA 30096  
City/State and Zip Code

resignations@urscompliance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents, LLC at ( 800 ) 5674397  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

URS Agents, LLC \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for IES MedPlus of Kentucky, LLC \_\_\_\_\_  
Name of Limited Liability Company

M15000004911 \_\_\_\_\_  
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:

Edwardo Saldana \_\_\_\_\_  
Typed or Printed Name  
Manager \_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 JUN 22 AM 8:02

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