

1/24/24, 7:22 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**MIS 000008761**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000032106 3)))



H240000321063ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: cls-agentresignations@wolterskluwer.com**LLC REGISTERED AGENT RESIGNATION  
HEALTHCARE MARKETING SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 JAN 24 PM 12:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN 24 PM 12:33

RECEIVED  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

National Registered Agents Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for HEALTHCARE MARKETING SERVICES, LLC

Name of Limited Liability Company

M15000008761

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.

*Nancy Helm-Brown*

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Typed or Printed Name

ASSISTANT SECRETARY

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withdrawn limited liability company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

2024 JAN 24 PM 12:33

FILED