## M16000005592

| (Requestor's Name)                      |     |
|---|-----|
| (Address)                               |     |
| (Address)                               |     |
| (City/State/Zip/Phone #)                |     |
| PICK-UP WAIT M                          | AIL |
| (Business Entity Name)                  |     |
| (Document Number)                       |     |
| Certified Copies Certificates of Status |     |
| Special Instructions to Filing Officer: |     |
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|   |     |
|   |     |

Office Use Only



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09/07/17--01024--002 \*+334.00



D. SCOTT OCT 3 2017



September 7, 2017

B MILLS PO BOX 160656 SAN ANTONIO, TX 78280

SUBJECT: ECLIPSE LAB MANAGEMENT, LLC

Ref. Number: M16000005592

We have received your document for ECLIPSE LAB MANAGEMENT, LLC and your check(s) totaling \$334.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete application.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00018544

2017 OCT - 2 PM I2: 28

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

| Pursuant to the provisio   | ns of section 605.011                 | 5, Florida Statutes, the un  | ndersigned,   |                          |
|----------------------------|---------------------------------------|--|---|--------------------------|
| CT CMO                     | ration sus-                           | tem  | , hereby resigns as                                 |                          |
|                            | Name of Registered Age                |  | : nereoy resigns as                                 |                          |
| Registered Agent for       |                                       |  |   |                          |
| Eclipse Lab Manag          | ement, LLC                            |  |   |                          |
|                            | Name of Lin                           | nited Liability Company  |   | ·                        |
| M16000005592               |                                       |  |   |                          |
| Document Nu                | unber, if known                       | <u></u>  |   |                          |
| A copy of this resignation | on was mailed to the                  | above listed limited liabil  | ity company at its last                             | known address.           |
| The agency is terminate    | d and the office disco                | ontinued on the 31st day a   | ifter the date on which                             | this statement is filed. |
|                            | - J13.                                | Signature of Resigning Age   | nı  |                          |
| If signing on behalf of a  | n entity:                             |  |   |                          |
|                            | Jı                                    | S.B.M.115<br>Typed or Printed Name   |   |                          |
|                            | 1                                     |  |   |                          |
|                            |                                       | Addinistrator<br>Capacity  |   |                          |
|                            | <b>FILING</b><br>\$ 85.00<br>\$ 25.00 | FEES:<br>Active limited liability<br>Administratively disso<br>withdrawn limited lia | company<br>Nved/voluntarily disso<br>bility company | コッ 首                     |
|                            | Make checks payat                     | ble to Florida Department<br>Division of Corporations<br>P.O. Box 6327               |   | FILE                     |

Tallahassee, FL 32314