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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

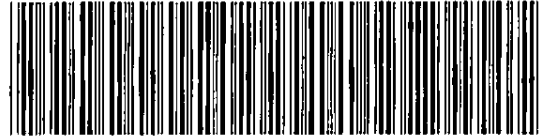
(Business Entity Name)

(Document Number)

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DATE 11/26/24 BY 60322/UC/STP



1883 W. Royal Hunte Dr.
Ste 200
Cedar City, UT 84720

Courtney Villanueva
Resignation Specialist
courtney@mainstreetbusiness.com
Phone 435-288-0922 ext. 2026

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 15, 2024

Re: Registered Agent Resignation

Florida Secretary of State

Effective immediately, please file my resignation as Registered Agent for South Bay Medical Clinic LLC

A copy of the resignation was mailed to the above-listed limited liability company at their last known address.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return them to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

Courtney Villanueva
Resignation Specialist

MAIN STREET BUSINESS SERVICES, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Bay Medical Clinic L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: M20000004741

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:

Courtney Villanueva

Name of Person

Main Street Business Services, LLC

Name of Firm/Company

1883 W Royal Hunte Dr. Ste. 200

Address

Cedar City, UT 84720

City/State and Zip Code

courtney@mainstreetbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Villanueva

at (435) 288-0922 ext 003
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Registered Agent Solutions, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for South Bay Medical Clinic L.L.C.


Name of Limited Liability Company

M20000004741

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:

Ryan DeAnda, Registered Agent Solutions, Inc.

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

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