

M20000004741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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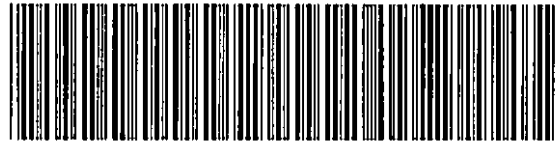
(Business Entity Name)

(Document Number)

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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
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2024 DEC 12 PM 4:17
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TALLAHASSEE, FL

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

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2024 DEC 12 PM 4:18
STATE
TALLAHASSEE, FL

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