

M20000009999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

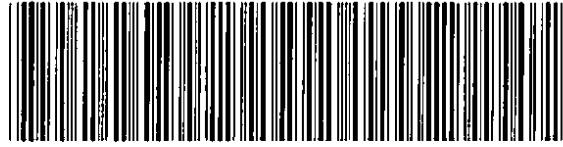
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 19 PM 12:40

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

10/19/23
R. HUNT

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 065591 8323810

AUTHORIZATION :

COST LIMIT : \$ 85.00

ORDER DATE : October 13, 2023

ORDER TIME : 2:11 PM

ORDER NO. : 065591-145

CUSTOMER NO: 8323810

2023 OCT 19 PM 12:40

CLERK OF SUPERIOR COURT
DIVISION OF CONSUMER AFFAIRS

CHANGE OF AGENT

NAME: LAB DIAGNOSTICS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lab Diagnostics, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M20000009949

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT

800

927-9801

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
TALLAHASSEE
DIVISION OF CORPORATIONS
2023 OCT 19 PM 12:40

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

hereby resigns as

Name of Registered Agent

Registered Agent for Lab Diagnostics, LLC

Name of Limited Liability Company

M20000009949

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.

Eylina Baker
Assistant Vice President

Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLINA BAKER

Typed or Printed Name

VICE PRESIDENT

Capacity

FILING FEES:

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

2023 OCT 19 PM 12:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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