

10/31/24, 2:51 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M2100008357**

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To:

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

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

2024 NOV 20 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
SWIFTARC TELEHEALTH LABS FUND GP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

NOV 21 2024

**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations**SUBJECT:** SWIFTARC TELEHEALTH LABS FUND GP, LLC  
Name of Limited Liability Company**DOCUMENT NUMBER:** M21000008357

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:

Alvin Sayre

Name of Person

Registered Agent Solutions, Inc.

Name of Firm/Company

Corporate Center One, 5301 Southwest Parkway, Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Alvin Sayre

Name of Person

at ( 888 )

Area Code

705-7274

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## 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 SWIFTARC TELEHEALTH LABS FUND GP, LLC

Name of Limited Liability Company

M21000008357

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:

Mackenzie Hibler

Typed or Printed Name

Assistant Secretary, Registered Agent Solutions, Inc.

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**

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 2024 NOV 20 PM 4:43  
 TALLAHASSEE, FL  
 REGISTERED AGENT