

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M2100002270037

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

From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435 C2-1591/GIT

P.A.

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

**Email Address:** bob@3essexcapitalgroup.com

2022 JAN 18 PM 12:35

**LLC REGISTERED AGENT RESIGNATION  
CARLISLE + PONAMAN HEALTHCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

2022 JAN 18 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

APPROVED  
AND  
FILED

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

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

TK Registered Agent, Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Carlisle + Ponaman Healthcare, LLC

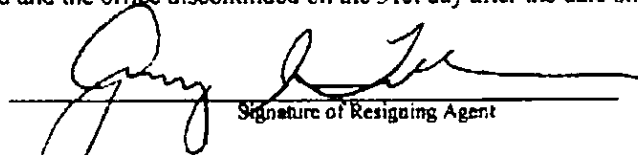
\_\_\_\_\_  
Name of Limited Liability Company

M21000010737

\_\_\_\_\_  
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.

TK Registered Agent, Inc.

\_\_\_\_\_  
Typed or Printed Name

Attorney

\_\_\_\_\_  
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withdrawn limited liability company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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SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
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