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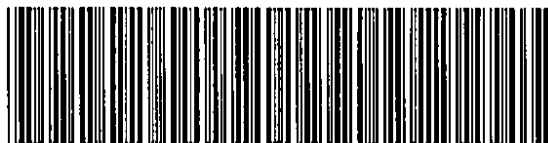
(Business Entity Name)

(Document Number)

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APR 20 2020

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0505(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, JOHN F. WENDEL, hereby resigns as Registered Agent for **POLK COUNTY ADVANCED PRACTICE NURSES ASSOCIATION, INC.**, Document No. **N06000007110**.

A copy of this resignation was mailed to the above listed corporation 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.



John F. Wendel, Registered Agent

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:
\$87.50 - active corporation
\$35.00 - Administratively dissolved/
voluntarily dissolved/withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6326
Tallahassee, FL 32314