

PO7000067592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

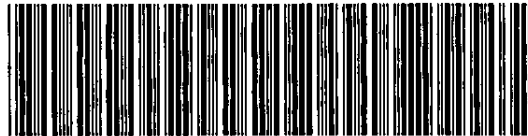
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation
to RA

10/20/15--01012--021 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 20 PM 2:07

FILED

OCT 21 2015
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fort Myers Surgical Associates, Pa
(Name of Corporation)

DOCUMENT NUMBER: P07000067592

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN MOLT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

80 STATE STREET

(Address)

ALBANY NY 12207

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN MOLT

(Name of Person)

at (**518**) **433-7018**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2015 OCT 20 PM 2:07

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 617.1509, **SECRETARY OF STATE**
Florida Statutes, the undersigned, **CORPORATION SERVICE COMPANY**, **TALLAHASSEE, FLORIDA**
(Name of Registered Agent)

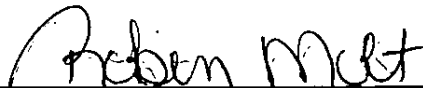
hereby resigns as Registered Agent for **Fort Myers Surgical Associates, Pa**
(Name of Corporation)

P07000067592

(Document Number, if known)

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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

ROBIN MOLT

(Typed or Printed Name)

ASST. SECRETARY

(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 6327
Tallahassee, FL 32314