713000013109

(Requestor's Name) (Address)
(Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



980au4-21828 n. •• 1.23

TOWER 29 PM 3: 35

• • • • • • • • • • • •



COVER LETTER

TO: Amendment Section **Division of Corporations**

Progressive Care Systems, Inc.

SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER:_P13000013109

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:

Michael J. Bittman

(Name of Person)

Nelson Mullins

(Name of Firm/Company) 390 N. Orange Ave., Suite 1400 29 PH 3: (Address) Orlando, FL 32801 (City/State and Zip Code) For further information concerning this matter, please call:

407 669-4282 (Area Code & Daytime Telephone Number) Michael J. Bittman at (___ (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509. Florida Statutes, the undersigned, Michael J. Bittman
(Name of Registered Agent)
hereby resigns as Registered Agent for Progressive Care Systems, Inc.
(Name of Corporation)
P13000013109

(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.

Michael J. Bittman (Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

23 PH 3:

(Capacity)

Eee 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withdrawn corporation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