PH000035438

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
_		

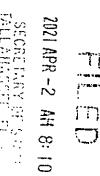
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Kendrick Anesthesia P.A.	
(Name of Corporation	on)
DOCUMENT NUMBER: P17000035438	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc. (Name of Person)	
Legalzoom.com, Inc.	
101 North Brand Blvd. 11th Floor	
Glendale, CA 91203 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (800 (Area Code	773-0888 & Daytime Telephone Number)
(Maine of Ferson)	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, United States Corporation Agents, Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Kendrick Anesthesia P.A.	
(Name of Corporation)	
P17000035438	
(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 his statement is filed.	
(Signature of Resigning Agent)	
f signing on behalf of an entity:	-
Cheyenne Moseley 경설 🕹 🕆	16.5 T
(Typed or Printed Name)	·
Asst. Secretary for United States Corporation Agents, Inc.	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)