## P960000 92841

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Prostate Therapies of Orlando, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P96000092841
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:
Corinne P. McClure, Senior Paralegal
(Name of Person)
McGuireWoods LLP
(Name of Firm/Company)
50 North Laura Street, Suite 3300
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
Corinne McClure  (Name of Person)  at (904) 798-3294  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Fursuant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617.1509$	9.	
Florida Statutes, the undersigned. RAX Co.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Prostate Therapies of Orlando,	Inc.	
(Same of Corporation)		
P96000092841		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known a	iddress.	
The agency is terminated and the office discontinued on the 31st day after the date on vithis statement is filed.	vhich	
Gignature of Resigning Agent)		
If signing on behalf of an entity:		
Lisa O. Taylor	2	
(Typed or Printed Name)	2019 MAY 30	CHI-
President	١٢ 30	A
(Capacity) SS	PM 1: 45	
Fee for filing this document: \$87.50 - Active Corporation	<b>Ω</b> I	
\$35.00 - Administratively dissolved/voluntarily dissolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation