

PG 800000 76698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

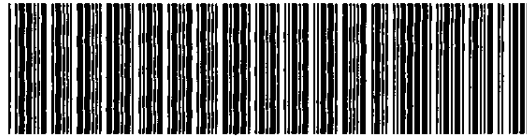
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900199481259

03/30/11--01032--002 **145.00

11 MAR 30 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FL 32304

APPROVED
AND
FILED

Handwritten signature and date:
3/30/11
11/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAYSIDE EMERGENCY PHYSICIANS, P.A.
Name of Limited Liability Company

DOCUMENT NUMBER: P98000076698

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALICE GENT

Name of Person

BAYSIDE EMERGENCY PHYSICIANS, P.A.
Name of Firm/Company

1099 FIFTH AVENUE NORTH, STE 270
Address

ST. PETERSBURG, FL 33705
City/State and Zip Code

emafarg@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICE GENT

Name of Person

at (727) 825-1497

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

FRANCOIS GILMOND, hereby resigns as
Name of Registered Agent

Registered Agent for BAYSIDE EMERGENCY PHYSICIANS, P.A.

Name of Limited Liability Company

P98000076698
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Cecile Murphy
Typed or Printed Name
New Registered Agent
Capacity

11 MAR 30 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

FILING FEES:

✓ \$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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