

L22000230636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

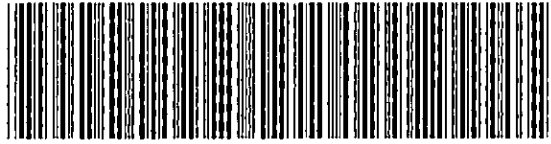
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
Registered Agent  
Signature

Office Use Only



100421348321

02/02/24--010024--00  
2024 FEB - 1 PM 3:50  
FILED  
STATE  
FL

2024 FEB - 1 PM 4:52  
FILED  
STATE  
FL

AP

# Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY	
Omni Integrative Medicine of Tampa PLLC	FOR OFFICE USE ONLY

## PICK ONE:

CERTIFIED COPY     PHOTOCOPY     C.U.S.

## FILING:

CORPORATION     LLC     LIMITED PARTNERSHIP     GENERAL PARTNERSHIP  
 FICTITIOUS NAME     SERVICEMARK/TRADEMARK     AMENDMENT  
 FOREIGN QUALIFICATION     JUDGMENT LIEN  
 OTHER Registered Agent Resignation

## RETRIEVAL:

GOOD STANDING CERT/C.U.S.     CERTIFIED COPY     PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 2/1/24                      TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Advanced Filing and Retrieval Services, Inc. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for OMNI INTEGRATIVE MEDICINE OF TAMPA PLLC

Name of Limited Liability Company

1.22000230636

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:

Weimar Lopez

Typed or Printed Name

Secretary

Capacity

**FILED**  
2024 FEB - 1 PM 3:50  
SEC. OF STATE  
TALLAHASSEE, FL

**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withdrawn limited liability company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**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2024

ADVANCED INCORPORATING SERVICE

SUBJECT: OMNI INTEGRATIVE MEDICINE OF TAMPA PLLC  
Ref. Number: L22000230636

We have received your document for OMNI INTEGRATIVE MEDICINE OF TAMPA PLLC and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 924A00002298

*Corrected  
keep original file date  
Thanks*

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 FEB -5 PM 2:50

RECEIVED