

L 99000005690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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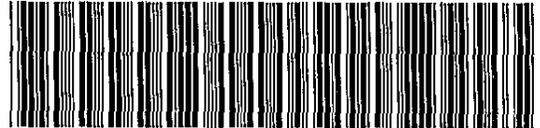
(Business Entity Name)

(Document Number)

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*W/02/09/05*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*FF \$25*

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P.O. BOX 551108, 32255-1108  
JACKSONVILLE, FLORIDA

February 2, 2005

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: **Monument-9A Medical & Imaging Center, L.C., a Florida Limited Liability Company**

To Whom It May Concern:

Please find enclosed herewith a **Resignation of Registered Agent For A Limited Liability Company** regarding the above referenced LLC, as well as three **Resignations of Member, Managing Member or Manager**. Also enclosed herewith is my check, #0790, payable to the Florida Department of State, in the amount of \$160.00, as filing fees for the four documents described herein.

Should you have any questions, comments or concerns, please feel free to contact me at your convenience.

Respectfully yours,



Mark B. MacLean

Enclosures

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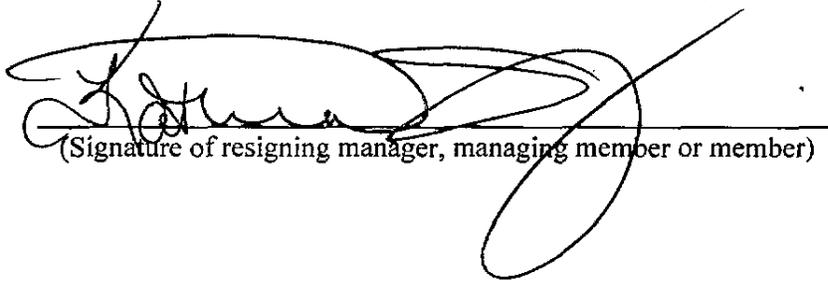
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Kathleen Daughtry, hereby resign as a member and manager  
(Title)

of Monument-9A Medical & Imaging Center, L.C.,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

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

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