

M12000005318

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

For the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
13 NOV 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
CWI MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CWI MEDICAL, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M12000005318

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:

TUNISHA SCOTT  
(Name of Person)

INCORPORATING SERVICES, LTD.  
(Name of Firm/Company)

3500 S. DUPONT HWY  
(Address)

DOVER, DE 19901  
(City/State and Zip Code)

For further information concerning this matter, please call:

TUNISHA SCOTT at ( 302 ) 531 0721  
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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### 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,

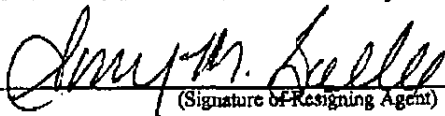
INCORPORATING SERVICES, LTD., hereby resigns as  
(Name of Registered Agent)

Registered Agent for CWI MEDICAL, LLC  
(Name of Limited Liability Company)

M12000005318  
(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:

AMY M. BALKE  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(Capacity)

**FILING FEES:**

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
 2013 NOV 13 AM 8:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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