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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 02 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aurora Breast MRI of Sarasota, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa m. DiMare

(Name of Person)

Aurora Imaging Technology, Inc.

(Firm/Company)

39 High Street

(Address)

North Andover, MA 01845

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa DiMare

(Name of Person)

at (978) 975-7530

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2013

AURORA IMAGING TECHNOLOGY INC.
39 HIGH STREET
NORTH ANDOVER, MA 01845-2637

Upon receipt of your letter and/or check(s) totaling \$55.00, no document was found.
Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00004334

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Aurora Breast MRI of Sarasota, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

M07000005334
(Florida Document Number)

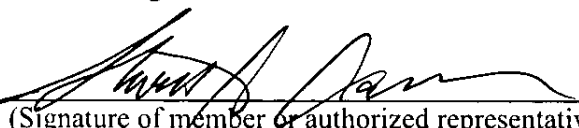
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

39 High Street
(Mailing address)

North Andover, MA 01845
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Steven J. James
(Typed or printed name of signee)

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TALLAHASSEE FLORIDA

Filing Fee: \$25.00