

A04000000686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

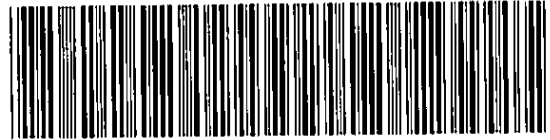
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300432811843

07/10/24--01015--006 **25.00

09/19/24--01002--007 **62.50

FILED

2024 SEP 17 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FL

M. SOLOMON

SEP 19 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RADIOLOGY ASSOCIATES OF OCALA, L.L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04000000686

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tracy Phipps

Contact Person

RADIOLOGY ASSOCIATES OF OCALA, L.L.L.P.

Firm/Company

1818 SW 15th Ave

Address

Ocala FL 34471

City, State and Zip Code

tracy.phipps@raocala.com

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

For further information concerning this matter, please call:

Tracy Phipps

at (352) 671-4285

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS16 (01/06)

RECEIVED
SEP 17 2024

2024 SEP 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Alan S. Gassman, Esq.

_____, hereby resigns as

Name of Registered Agent

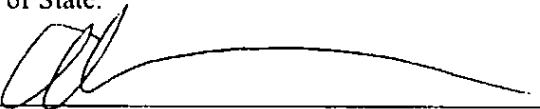
Registered Agent for RADIOLOGY ASSOCIATES OF OCALA, L.L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

A04000000686

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

Alan S. Gassman, Esq.

Typed or Printed Name

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

FILED
2024 SEP 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL