

A96000000391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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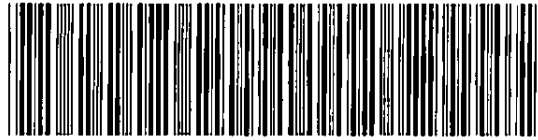
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Imaging Center of Winter Park, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A9600000391

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

Please return all correspondence concerning this matter to:

Michael J. Bittman

Contact Person

Nelson Mullins

Firm/Company

390 N. Ornage Ave., Suite 1400

Address

Orlando, FL 32801

City, State and Zip Code

mike.bittman@nelsonmullins.com

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

For further information concerning this matter, please call:

Name of Contact Person

at (407) 669-4282

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

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

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

Michael J. Bittman _____, hereby resigns as
Name of Registered Agent

Registered Agent for Advanced Imaging Center of Winter Park, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

A9600000391
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.

Michael J. Bittman
Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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