

A9700000/0/5

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

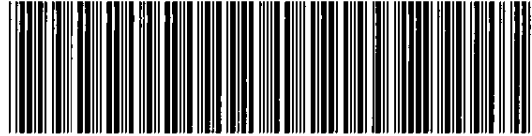
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

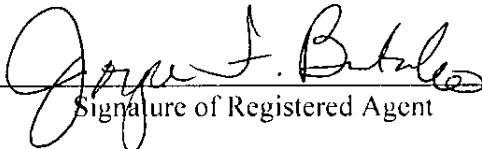
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CFRA, LLC hereby resigns as  
Name of Registered Agent

Registered Agent for AZTEC MEDICAL SERVICES, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

A97000001015  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> 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:

Joyce F. Bentubo  
Typed or Printed Name

Secretary  
Capacity

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

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