

LO1000007381

CAPITAL CONNECTION, INC.  
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Irvine Medical Health  
Affiliates, LLC.

R/A Resignation

MJH

400007116774--2  
-08/14/02--01060--021  
\*\*\*505.00 \*\*\*\*\*85.00

8/14

LO1-7381

RECEIVED  
02 AUG 14 PM 2:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- ☒ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

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02 AUG 14 AM 1:33  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

Signature

Requested by: WL 8/14 2:00

Name Date Time

Walk-In Will Pick Up

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

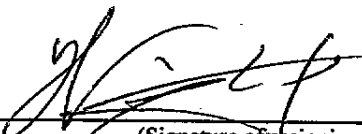
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

OF Capital Connection, Inc., hereby resigns as  
(Name of Registered Agent)

Registered Agent for Irvine Medical Health Affiliates, LLC  
(Name of Limited Liability Company)

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:

Weimar Lopez for Capital Connection, Inc.  
(Typed or printed name)  
Registered Agent Coordinator  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### FILING FEES:

\$ 85.00 Active Limited Liability Company  
\$ 25.00 Dissolved Limited Liability Company

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