

Division of Corporations

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L02000012289

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850) 617-6380

From:
Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (716) 848-1371
Fax Number : (716) 849-0349

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TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

GLADES MRI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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25.00
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RRR Help

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**RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

the undersigned, HRAWG CORP., hereby resigns as Registered Agent for
(Name of Registered Agent)

GLADES MRI, LLC

(Name of Limited Liability Company)

L02000012289

(Document Number, if known)

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:

David M. Stark

(Typed or Printed Name)

Vice President

(Capacity)

Fee for filing this document:

\$85.00 - Active limited liability company

**\$25.00 - Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company**

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

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