L02000027986

Fred Villari
Fred Villari (Requestor's Name) 2 Fire Stone Circle (Address)
:
West Palm back 1/3340 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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-189, 407, 671 Prot
Office Use Only



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10/08/09--01022--002 **25.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 15, 2003

FRED VILLARI 2 FIRESTONE CIRCLE WEST PALM BEACH, FL 33401

SUBJECT: IMAGING CENTER OF OKEECHOBEE, LLC

Ref. Number: L02000027986

03 0CT 28 AH 8: 18

We have received your document for IMAGING CENTER OF OKEECHOBEE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 603A00056146

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

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,	
FRED VILLARI , hereby resigns as	
(Name of Registered Agent)	
Registered Agent for 1M ABING CEMER OF O COULT	BEE, ZU
(Name of Limited Liability Company)	
L02000027986	
(Document Number, if known)	? ~
A copy of this resignation was mailed to the above listed limited liability company at its last known add	. 33 ress ₂₀
The agency is terminated and the office discontinued on the 31st day after the date on which this statem	
	00
(Eignature of Resigning Agent)	90
If signing on behalf of an entity:	0
(Typed or Printed Name)	
(Types or Francia Hane)	
(Congritu)	

FILING FEES: \$ 85.00 Active \$ 25.00 Admit Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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