

LA2000028008

Fred Villari

(Requestor's Name)

2 Fire Stone Circle

(Address)

West Palm Beach, FL 33401

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

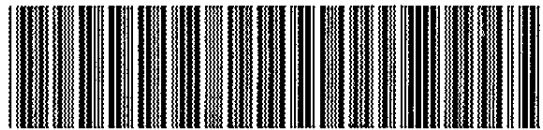
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

189, 707, 671

10/28/08

Office Use Only



800023442598

10/08/08--01022--003 **25.00

FILED
03 OCT 28 AM 8:17
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 15, 2003

FRED VILLARI
2 FIRESTONE CIRCLE
WEST PALM BEACH, FL 33401

SUBJECT: HARBORVIEW OPEN MRI, LLC
Ref. Number: L02000028008

SECRET
TALLAHASSEE, FLORIDA

03 OCT 28 AM 8:17

FILED

We have received your document for HARBORVIEW OPEN MRI, 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.

Marsha Thomas
Document Specialist

Letter Number: 203A00056147

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HARBORVIEW OPEN MRI, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000028008

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN CHANG & CLEMENT FUNG
(Name of Person)

ATLANTIS MRI, LLC
(Name of Firm/Company)

2001 10TH AVE NORTH
(Address)

LAKE WORTH, FLORIDA 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

FRED VILLARI at (561) 248-8786
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
03 OCT 28 AM 8:17
TALLAHASSEE, FLORIDA

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)

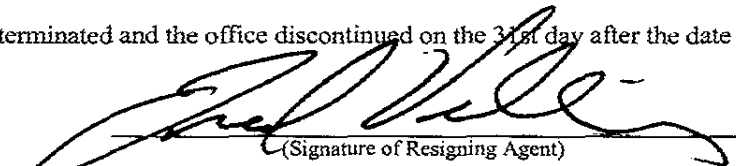
Registered Agent for

HARBORVIEW OPEN MRI, LLC
(Name of Limited Liability Company)

L02000028008
(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:

(Typed or Printed Name)

(Capacity)

FILED
63 OCT 28 AM 8:17
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 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