

L020000029064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

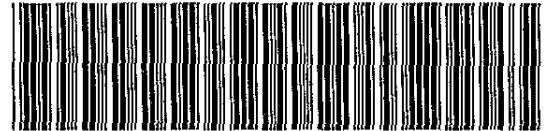
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800041755038

10/15/04--01029--021 \*\*85.00

FILED  
04 OCT 15 PM 3:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

102000029064  
10-15-04  
RMS  
338  
1590629064

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** E. COLLECT MD, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** LB2000029064

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:

MICHAEL J. CHALHUB  
(Name of Person)

(Name of Firm/Company)

11831 OSPREY POINTE CIRCLE  
(Address)

WELLINGTON, FLORIDA 33467  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL CHALHUB at ( 561 ) 313-2645  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

MICHAEL J. CHALHUB

(Name of Registered Agent)

, hereby resigns as

Registered Agent for E. COLLECTMD, LLC

(Name of Limited Liability Company)

LB2000029064

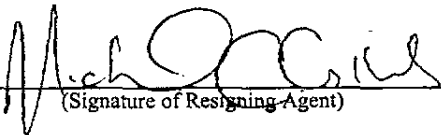
(Document Number, if known)

04 OCT 15 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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)

### 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