

L03000018204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

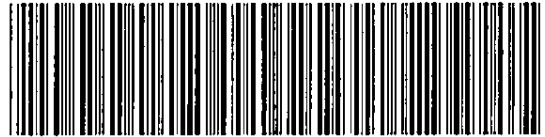
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiology Physicians of Indian River
Name of Limited Liability Company

DOCUMENT NUMBER: L 030000 18204

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:

Heather Nagel

Name of Person

N/A

Name of Firm/Company

1137 Riverwind Circle

Address

Vero Beach FL 32967

City/State and Zip Code

hmvra07@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Joyce

Name of Person

at (772) 559-2059

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Heather Nagel, hereby resigns as
Name of Registered Agent

Registered Agent for Radiology Physicians of
Indian River County, LC
Name of Limited Liability Company

L03000018204
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.

Heather Nagel, M.D.
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withdrawn limited liability company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

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