

L03000022275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

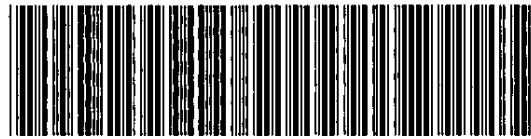
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/25/10--01016--029 **205.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 25 AM 11:07

T. HAMPTON
OCT 26 2010
EXAMINER

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

October 20, 2010

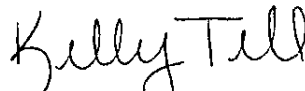
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT –
AZTEC MEDICAL SERVICES, INC
ENVIRONMENTAL THERMOGRAPHY & TESTING SERVICES, INC
AZTEC MEDICAL SERVICES, LLC
MEISENHEIMER DAY SPA, LLC
CG MANAGING MEMBER LLC

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 495460 in the amount of \$205.00 for the filing fees for these entities.

Very Truly Yours,



Kelly Till for Joyce F. Bentubo
Secretary

JFB/kmt
Enclosures

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,

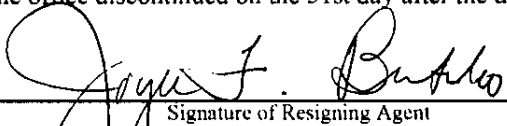
CFRA, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for AZTEC MEDICAL SERVICES, LLC
Name of Limited Liability Company

L03000022275
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:

Joyce F Bentubo
Typed or Printed Name

Secretary
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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