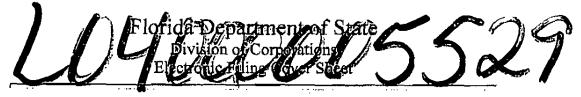
Division of Corporations

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(((H16000164312 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653 Phone : (904)359-7700

Fax Number : (904)359-7708

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: ** ...

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LLC REGISTERED AGENT RESIGNATION CYCLOTRON CENTER OF NORTHEAST FLORIDA, LLC

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(((H160001643123)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.011	5, Florida Statutes, the unders	signed,		
Smith Hulsey & Busey			, hereby resigns as		
Name of Registered Agent		nt	• -		
Registered Agent for Cyclo	tron Center o	f Northeast Florida, LLC			
	Name of Lin	nited Liability Company			
L04000005529					
Document Number,	if known				
A copy of this resignation wa	as mailed to the a	above listed limited liability co	ompany at its last know	n address.	
The agency is terminated and	the office disco	ntipged on the 31st day after t	the date on which this st	atement is filed.	
If signing on behalf of an ent	itv:	V		2015	
-	Richard Lewi	s. Jr.	A	್ಣ. ⊱ "⊓	
 -	Typed or Printed Name		- AS	-	
Vic	e President	•	67 A		
-	FILING \$ 85.00	Capacity FEES: Active limited liability con	TO CO	A ≡: 31	
	\$ 25.00	Administratively dissolved withdrawn limited liability le to Florida Department of St. Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	/voluntarily dissolved/ company		
INHS17 (2/14)					