

C04000071170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

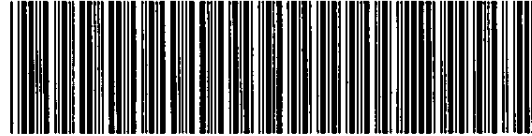
☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:



200266919882

200266919882  
12/03/14--01025--008 \*\*25.00

14 DEC -3 PM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
AND  
RECORDED

Office Use Only

*Alfred*

DEC 10 2014  
T. L. LAMARCA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL CONDOS USA, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000071170

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:

DENNIS BLACKBURN

Name of Person

BLACKBURN & COMPANY, LC

Name of Firm/Company

5150 BELFORT RD SO, BLDG 500

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

DLB@BLACKBURNCO.COM

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

For further information concerning this matter, please call:

DENNIS BLACKBURN

at ( 904 ) 296-7713

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

**DENNIS L BLACKBURN**

, hereby resigns as

Name of Registered Agent

Registered Agent for **MEDICAL CONDOS USA, LLC**

Name of Limited Liability Company

**L04000071170**

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

**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**

**14 DEC -3 PM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**APPROVED  
AND  
FILED**