

L050000015912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

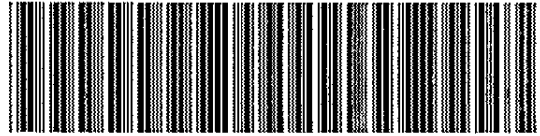
(Document Number)

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Certificates of Status _____

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Resignation

RA
FILED
06 JUL 26 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 JUL 26 PM 12:39
LLP
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ADR
7/26/06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 267564 4326591

AUTHORIZATION :

COST LIMIT : \$ 85

Spuddeenan

ORDER DATE : July 26, 2006

ORDER TIME : 11:32 AM

ORDER NO. : 267564-010

CUSTOMER NO: 4326591

DOMESTIC AMENDMENT FILING

NAME: ZMD HOLDINGS, LLC

EFFECTIVE DATE:

RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS: _____

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

06 JUL 26 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

FWLER WHITE BOGGS BANKER P.A., hereby resigns as
(Name of Registered Agent)

Registered Agent for ZMD HOLDINGS, LLC

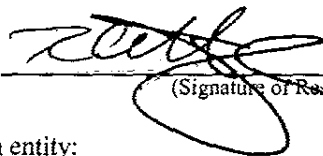
(Name of Limited Liability Company)

L05000015912

(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:

R. ALAN HIGBEE

(Typed or Printed Name)

AUTHORIZED REPRESENTATIVE

(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withdrawn limited liability company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