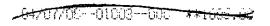
U05000045479

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
105-45479
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
417 RA RO



900069591769



04/07/06--01809--005 **1995.00

Office Use Only



TRANSMITTAL LETTER

TO: Amenda Division	ment Section n of Corporations				
SUBJECT: S	Strata Diagnostic Im				
	()	lame of Limi	ted Liability C	Company)	
DOCUMENT	NUMBER: L05000	0045479	<u></u>		
The enclosed R for filing.	designation of Registe	red Agent fo	or a Limited I	Liability Company and fee are	submitted
Please return al	ll correspondence con	cerning this	matter to the	following:	
Gary Walker					
	(Name of Perso	n)			
Allen Dell, P.	A				
	(Name of Firm/Con	npany)			
202 S. Rome	Avenue, Suite 100				
	(Address)				
Tampa, FL 3	3606				
	(City/State and Zip	Code)			
For further info	rmation concerning th				
Gary Walker,	Esq.	at (813	223-5351 & Daytime Telephone Number)	
	(Name of Person)		(Area Code	& Daytime Telephone Number)	
Enclosed is a cliability comparishing compar	ny or \$25.00 for an ad	the Florida iministrative	Department o ly dissolved,	of State for \$85.00 for an active voluntarily dissolved or without	e limited Irawn limited
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Add Amendmen Division of 409 E. Gain Tallahassee	t Section Corporations les Street	5	

INHS17(11/02)

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

١

Pursuant to the provisi	ions of section 608.416	(2) or 608.509, Florida Statutes, the u	ındersigned,	
Gary Walker, Esc	٦.	, herehy	resigns as	
	(Name of Registered Age	ent)		
Registered Agent for _	Strata Diagnostic	Imaging-Plantation, LLC		
	(Name of Lir	nited Liability Company)		
L05000045479				
(Document Nu	imber, if known)			
A copy of this resignat	tion was mailed to the a	above listed limited liability company	at its last known address.	
The agency is terminat	ted and the office disco	ntinued on the 31st day after the date y Well ture of Resigning Agent)	on which this statement is	filed.
If signing on behalf of	an entity:			
		Typed or Printed Name)	- '. - '.	03.197
		(Capacity)		4 =
			· · · · · · · · · · · · · · · · · · ·	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volun withdrawn limited liability compa	tarily dissolved/	•

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314