65000083144

,				
(Requestor's Name)				
(Address)				
		,		
(Art	ldress)			
(,,,				
(Cit	ty/State/Zip/Phone	e #)		
	☐ MAIT	[] MAN		
HICK-OP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Conies	Certificates	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
	·			

Office Use Only



600082386306

12/08/06--01039--005 **25.00

2006 DEC -8 PM 1:32

65 BM

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations				
SUBJI		ngineering Name of Limi			
D 0 0*	·		ted Liability	Company)	
DOCL	MENT NUMBER: L0500	0000744			
The en for filing	closed Resignation of Regist ng.	ered Agent fo	or a Limited	Liability Company ar	nd fee are submitted
Please	return all correspondence co	ncerning this	matter to the	e following:	
Mary	Jo Spalinger				
	(Name of Pers	on)			
Busin	ess Filings Incorporated				
	(Name of Firm/Co	mpany)			
	•	• • • • • • • • • • • • • • • • • • • •			
8025	Excelsior Drive #200	-,			70
	(Address)				2006 DEC SECRET
Madis	son, WI 53717				AFT ES
	(City/State and Zi	p Code)			ARY SSI
Ear fir	ther information concerning	,	lease call:		TARY OF STATE
roi iui	mer imormation concerning	mis matter, p	icase can.		FLOST :
same		at (608	827-5300 x 254	RHE 32
	(Name of Person)	~ ~ \	(Area Code	827-5300 x 254 & Daytime Telephone	Number)
liabilit	ed is a check made payable t y company or \$25.00 for an a y company.	o the Florida administrative	Department ely dissolved	of State for \$85.00 for soluntarily dissolve	or an active limited d or withdrawn limited
Amend Division P.O. B	ng Address: Idment Section on of Corporations ox 6327 assee, FL 32314	409 E. Gair	nt Section Corporation	S	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statute	es, the undersigned,			
Business Filings	Business Filings Incorporated , hereby resigns as				
	(Name of Registered Agent)				
Registered Agent for	Universal Medical Engineering Services LLC				
	(Name of Limited Liability Company)				
L05000083744					
(Document No	umber, if known)				
	ation was mailed to the above listed limited liability contented and the office discontinued on the 31st day after the state of Resigning (gent)	he date on which this filed. SECRETARY OF THE SECRETARY			
If signing on behalf of	f an entity:	1: 32 STATE LORIDA			
	Mary Jo Spalinger	32 10A			
	(Typed or Printed Name) Asst. Sec. of Business Filings Incorpora	ited			
	(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