L05000100750

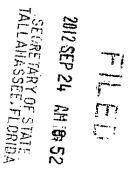
(Re	questor's Name)			
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J. SAULSBERRY EXAMINER

SEP 26 2012

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Jacksonville Upright	MRI, LLC				
Name of Limited Liabili	lity Company				
DOCUMENT NUMBER: L05000	MBER: L05000100750				
The enclosed Resignation of Registered Agent for a Limit for filing.	ted Liability Company and fee are submit	tted			
Please return all correspondence concerning this matter to	o the following:				
GaryWalker, Esquire Name of Person					
Name of Person	•				
Alien Dell, P.A.					
Name of Firm/Company					
	SEC SEC				
202 S. Rome Avenue, Suite 100	AHATI AHATI	77			
·Address	ASS				
	TARY OF STATASSEE, FLORE				
Tampa, FL 33606					
City/State and Zip Code		 ;			
	FLOR	* Chapter 1.5			
n/a	8 5 5				
E-mail address: (to be used for future annual report notification	1)				
For further information concerning this matter, please call					
ror further information concerning uns matter, please can	,				
Gary Walker, Esquire at (813) 223-5351				
Name of Person Area Co	ode & Daytime Telephone Number				
Enclosed is a check made payable to the Florida Departmeliability company of \$25.00 for an administratively dissollimited liability company.	nent of State for \$85.00 for an active limitely lived, voluntarily dissolved or withdrawn	ed			

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.509	, Florida Statutes, the un	dersigned,	
Gary W	esigns as			
Name of	Registered Agent		U	
Registered Agent for	Jacksonvil	le Upright MRI, LLC		
	Name of Limited Liability Co	mpany		
L0500010075				
Document Number, if k	nown			
A copy of this resignation was m	nailed to the above listed lin	nited liability company a	at its last known address.	
The agency is terminated and the	. 1	a.1	on which this statement is f	iled.
	Day Wa			
If signing on behalf of an entity:			2012 SEP 24 SEURETARN TALLAHASSI	
	Typed or Printed N	Name	P 24 TARY ASSE	1
	Capacity		912 SEP 24 AM & 52 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	

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