

L05006101326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

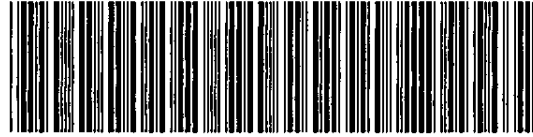
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 PM 3:19

APR 16 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clear view ultrasound
Name of Limited Liability Company

DOCUMENT NUMBER: L05000101326

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:

Christina Martinez
Name of Person

Name of Firm/Company

9844 Storer Way
Address

Wellington, FL 33414
City/State and Zip Code

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

For further information concerning this matter, please call:

Christina Martinez at (954) 534-2675
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 APR 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 21, 2012

CHRISTINA D MARTINEZ
9844 STOVER WAY
WELLINGTON, FL 33414

SUBJECT: CLEAR VIEW ULTRASOUND LLC
Ref. Number: L05000101326

We have received your document for CLEAR VIEW ULTRASOUND LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$15.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00009851

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Christina D. Martinez

Name of Registered Agent

, hereby resigns as

Registered Agent for

Clear View Ultrasound LLC

Name of Limited Liability Company

LO5000101324

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.

Christina D. Martinez

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

INHS17 (08/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 PM 3:10