

Oct 22 2010 9:44 AM

Moran & Shans

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L06000059487

**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : 120000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**LLC REGISTERED AGENT RESIGNATION
FLORIDA CHILD NEUROLOGY, PLLC**

Certificate of Status	0
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RA Resign.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CHILD NEUROLOGY, PLLC
Name of Limited Liability Company

DOCUMENT NUMBER: 106000059487

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:

Thomas P. Moran, Esquire
Name of Person

Moran Kidd Lyons Johnson & Berkson, P.A.
Name of Firm/Company

111 N. Orange Avenue, Suite 1200
Address

Orlando, Florida 32801
City/State and Zip Code

tpmoran@morankidd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P. Moran at (407) 841-4141
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Thomas P. Moran, hereby resigns as
Name of Registered Agent

Registered Agent for Florida Child Neurology, PLLC
Name of Limited Liability Company

L06000059487
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.

Thomas P. Moran
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)
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