

04/04/2008 11:35 FAX 4074231831

Division of Corporations

DEAN MEAD EGYLAND

001

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**L06000084568**

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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2008 APR -4 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

SAND LAKE MEDICAL PLAZA, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

AHD

\$25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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G. Goulette APR 04 2008

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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,

Dean Mead Services, LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Sand Lake Medical Plaza, LLC

(Name of Limited Liability Company)

L06000084568

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Alan H. Daniels, Esq.

(Typed or Printed Name)

Vice President

(Capacity)

**FILING FEES:**

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability companySECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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