Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Cheryl Foote Account Name : HAHN LOESER & PARKS

Account Number : 120070000069 : (239)254-2900 Phone Fax Number : (239)592-7716

Enter 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 DOCTORS DIALYSIS, LLC

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Help

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,	
Mark S. Russo, M.D., Ph.D.	, hereby resigns as	
Name of Registered Age	nt	
Registered Agent for Doctors Dlalysi	is, LLC	
		-
Name of Lim	sited Liability Company	_
L06000085065		
Document Number, if known		
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address	5.
The agency is terminated and the office disco	intinued on the 31st day after the date on which this statement	is filed.
Mail &	Signature of Resigning Agent	
If signing on behalf of an entity:		70 2
7	ypod or Printed Name	第二
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		WAI: 54
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<u>F1LING</u> 3 85.00	PERS:	The state of the s
\$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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)