

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Cheryl Foote

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LLC REGISTERED AGENT RESIGNATION NORTH NAPLES DIALYSIS, LLC

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuant to the provisions of section 608.416(2) or 608.509, i	rionda Statutes, ine undersigned,
Mark S. Russo, M.D., Ph.D.	, hereby resigns as
Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for North Naples Dialysis, LL	.C
	200
Name of Limited Liability Com	pany HA
L06000085082	HASS
Document Number, if known	rny(. □13 .n.)
A copy of this resignation was mailed to the above listed limit	
The agency is terminated and the office discontinued on the 3	list day after the date on which this statement is fied.
Mail S. Rissot	i Ms
Signature of Resi	gning Agent
If signing on behalf of an entity:	
Typed or Printed Nar	me
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withdrawn limited liability company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)