

**L07000018590**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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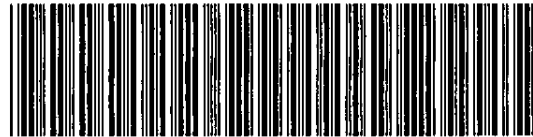
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MAR 8 2012

**EXAMINER**



**000223788220**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**12 MAR -7 PM 4:56**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL ACCOUNTS RECEIVABLES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000018590

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:

JAY PHILLIP PARKER, P.A.  
Name of Person

JAY PHILLIP PARKER, P.A.  
Name of Firm/Company

1691 MICHIGAN AVENUE, SUITE 320  
Address

MIAMI BEACH FL 33139  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAY PHILLIP PARKER, P.A. at ( 305 ) 695-2699  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -7 PM 4:56

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -7 PM 4:56

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

JAY PHILLIP PARKER, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for MEDICAL ACCOUNTS RECEIVABLES, LLC

Name of Limited Liability Company

L07000018590

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:

Typed or Printed Name

Capacity

### **FILING FEES:**

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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