

L07000038595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600177571256

04/29/10--01040--017 **85.00

FILED
2010 APR 29 A 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tellers

5-4-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL VENTURES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000038595

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:

Kim Stanfield
Name of Person

The Hogan Law Firm
Name of Firm/Company

20 So. Broad Street
Address

Brooksville, Florida 34601
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Stanfield at (352) 799-8423
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

THE HOGAN LAW FIRM, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for MEDICAL VENTURES, LLC

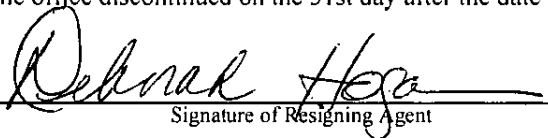
Name of Limited Liability Company

L07000038595

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:

DEBORAH HOGAN, ESQ.

Typed or Printed Name

MANAGER

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

FILED
2000 APR 29 4 11:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE