

L 07000048404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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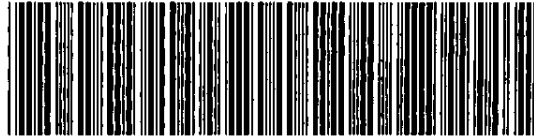
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RA Resign  
Trevi's  
10-28-09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: see list attached  
Name of Limited Liability Company

DOCUMENT NUMBER: see list attached

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:

Gary Walker, Esquire  
Name of Person

Allen Dell, P.A.  
Name of Firm/Company

202 S. Rome Avenue, Suite 100  
Address

Tampa, FL 33606  
City/State and Zip Code

n/a  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Walker, Esquire at ( 813 ) 223-5351  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Gary Walker, hereby resigns as  
Name of Registered Agent

Registered Agent for Hillsborough Radiology  
Consultants, PL  
Name of Limited Liability Company

L07000048404  
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.

Gary Walker  
Signature of Resigning Agent

If signing on behalf of an entity:

n/a  
Typed or Printed Name  
n/a  
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

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1001 OCT 26 P 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA