

LO8000029417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

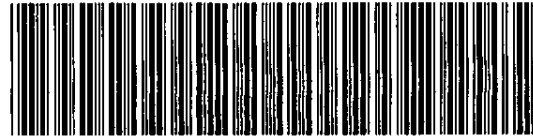
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100214339241

11/28/11--01048--005 \*\*85.00

11 NOV 28 AM 8:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B Tedlock NOV 29 2011

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLSAFE MEDICAL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000029417

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:

Cynthia Z. Jorgensen

Name of Person

Quarles & Brady LLP

Name of Firm/Company

411 E. Wisconsin Avenue, Suite 2040

Address

Milwaukee, WI 53202

City/State and Zip Code

cynthia.jorgensen@quarles.com

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

For further information concerning this matter, please call:

Cynthia Z. Jorgensen

Name of Person

at ( 414 ) 277-5191

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
**NAPLES-LAWDOCK, INC.**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **ALLSAFE MEDICAL, LLC**

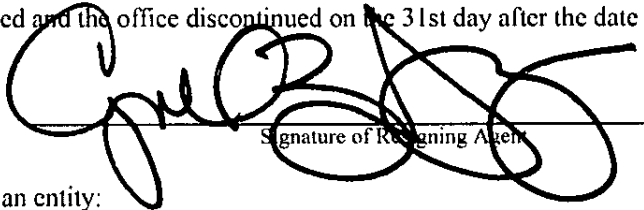
\_\_\_\_\_  
Name of Limited Liability Company

**L08000029417**

\_\_\_\_\_  
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:

**Cynthia Z. Jorgensen**

\_\_\_\_\_  
Typed or Printed Name

**Assistant Secretary**

\_\_\_\_\_  
Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 28 AM 8:02

### 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