LD8000072484

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE A

C. LEWIS

OCT - 6 2009

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	A1 IMAGING OF KENDALL, LLC		
	Name of Limited Liability Company		
DOCUMENT NUMBER:_	L08000072484		
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submitted		
Please return all corresponde	ence concerning this matter to the following:		
SHARO	N COOKE		
Name	of Person		
PARACORP II	NCORPORATED		
Name of F	irm/Company		
	X 160568		
Ad	dress		
SACRAMEN City/State	TO, CA 95816 and Zip Code		
scooke@	parasec.com or future annual report notification)		
	erning this matter, please call:		
SHARON COC Name of Perso			
•			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 sec	tion 608.416(2) or 608.509, Flor	ida Statutes, the undersigne	d,	
PARACORP INCORPORATED , hereby resigns as				
Name of	Registered Agent	,,,,,,,		
Registered Agent for	A1 IMAGING O	F KENDALL, LLC	 	
	Name of Limited Liability Compan	y	,	
L0800007248	4			
Document Number, if k	nown			
A copy of this resignation was m	ailed to the above listed limited	liability company at its last	known address.	
The agency is terminated and the	Signature of Resigning		this statement is filed.	
If signing on behalf of an entity:			F 1 2009 OCT SECRET	
	NINH HO		经品工	
	Typed or Printed Name		ASS.	
A	sst Secretary, Paracorp In	corporated	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	
•	Capacity		OF STATE	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company