Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 1200700 00020 Phone : (813;435-3176 Fax Number : (813)333-6358

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LLC REGISTERED AGENT RESIGNATION VIRAJ V. TIRMAL M.D., PLLC

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EXAMINER 2011

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Electronic Filing Menu

Corporate Filing Menu

Help

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant t	th the provisions of section 605.0115, Florida Statutes, the undersigned,	
THE L	to the provisions of section 605.0115, Florida Statutes, the undersigned, AW OFFICES OF NICK SPRADLIN, PLLC, hereby resigns as Name of Registered Agent Agent for VIRAJ V. TIRMAL M.D., PLLC	•
	Name of Registered Agent	در مد
Registered	Agent for VIRAJ V. TIRMAL M.D., PLLC	7/4 S
		کر
	Name of Limited Liability Company	
L0800	0093223	
	Document Number, if known	
A copy of	this resignation was mailed to the above listed limited liability company at its last known address.	
The agenc	by is terminated and the office discontinued on the 31st day after the date on which this statement is fi	led.
'	Signature of Resigning Agent	
If cioning	on behalf of an entity:	
II SIRIUIR	NICKOLAS J. SPRADLIN	
	Typed or Printed Name	
	CEO	
	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	withdrawn limited liability company	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	
INHS17 (:	2/13)	
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