· L08000110824

Mark S. Feluren, Esq. (Requestor's Name)				
(Requestor's Name)				
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(City/State/Zip/Phone #)				
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N. Cuttigan APR 25 2012



April 13, 2012

MARK S. FELUREN 200 E BROWARD BLVD. SUITE 1110 FORT LAUDERDALE, FL 33301

SUBJECT: NEW AGE DIALYSIS GROUP, LLC

Ref. Number: L08000110824

We have received your document for NEW AGE DIALYSIS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Resignation must be signed by the Resigning Agent. Also note the addition filing fee of \$60.00 because this is an active LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 612A00011733

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416(2) or 608.509, Flo	orida Statutes, the undersig	gned,
Mark	S. Feluren	, hereby resigns	s as
Name of Registered Agent			5 42 5
Registered Agent for	New Age Dial	ysis Group, LLC	FIL PAR 24 FIL HASS
	Name of Limited Liability Compar	ny	
L08000110824	1		STA STA
Document Number, if kn	own		공설· 우
A copy of this resignation was ma	niled to the above listed limited	l liability company at its la	ast known ac aress.
The agency is terminated and the	office discontinued on the 31st	/	ich this statement is filed.
If signing on behalf of an entity:			
·	Typed or Printed Name	 	
	Capacity		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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