

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOWLER, WHITE 2
Account Number : I19990000148
Phone : (813) 769-7692
Fax Number : (813) 228-9401

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
C.V.. DIAGNOSTICS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 13 2015

J SHIVERS

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FOWLER WHITE BOGGS P.A. hereby resigns as

Registered Agent for C.V. DIAGNOSTICS LLC

L09000016312

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:

Kendra L. Gaugush

Authorized representative
Capacity

FILING FEES:

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withdrawn limited liability company

INI-IS17 (2/14)

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