

L09000019819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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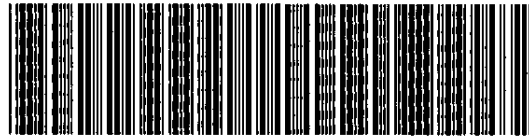
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 7 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNSHINE MEDICAL TECHNOLOGIES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000019819

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:

Roberta Cove  
Name of Person

Sunshine Medical Technologies, LLC  
Name of Firm/Company

4139 Sun 'N Lake Blvd  
Address

Sebring, FL 33872  
City/State and Zip Code

rcove@sunshineradiology.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta Cove at ( 863 ) 314-0165  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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## 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,

Shawn Zimmerman

Name of Registered Agent

, hereby resigns as

Registered Agent for SUNSHINE MEDICAL TECHNOLOGIES, LLC

4139 Sun 'N Lake Blvd, Sebring, FL 33872

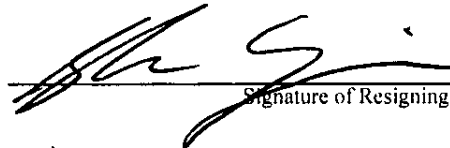
Name of Limited Liability Company

L09000019819

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:

Shawn Zimmerman

Typed or Printed Name

Registered Agent - Resigning

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

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