Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: 120070000020

Phone : (813)435-3176

Fax Number

: (813)333-6358

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

Email	Address	<b>t</b>			

## LLC REGISTERED AGENT RESIGNATION SPACE COAST HEALTH PHYSICS SERVICES, LLC

Certificate of Status	0
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EXAMINER

K. SALY

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

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			30 4
Pursuant to the provis	ions of section 605.0115, Florida Statutes, the unde	ersigned,	The state of the s
THE LAW OFFIC	ES OF SPRADLIN, PLLC	, hereby resigns as	The same of
	Name of Registered Agent	, -	SCO 4
Registered Agent for	SPACE COAST HEALTH PHYSICS SER	VICES, LLC	- 16A PS
	Name of Limited Liability Company		
	The control of the co		
L09000C34640			
Document	Number, if known		
_	tion was mailed to the above listed limited liability	. ,	
The agency is termina	ted and the office discontinued on the 31st day after	r the date on which th	is statement is filed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tailahassee, FL 32314