

L1D00000008057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SOUTH FLORIDA
TALLAHASSEE

ARM
10/28/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000008057

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:

Alyssa Wask
Name of Person

Enlighten Radiology of Florida
Name of Firm/Company

3322 Buchanan St, #209
Address

San Francisco, CA 94123
City/State and Zip Code

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

For further information concerning this matter, please call:

Alyssa Wask at (954) 605-7088
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
CORPDIRECT AGENTS, INC., hereby resigns as

Name of Registered Agent

Registered Agent for _____
ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC

Name of Limited Liability Company

L10000008057

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

MICHELE HOLDEN

Typed or Printed Name
ASSISTANT SECRETARY

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA