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COVER LETTER

Registration Section Division of Corporations Southwest Florida Regional Imaging II, LLC Name of Limited Liability Company DOCUMENT NUMBER: L10000050279 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: Charles J Mitchell Jr. Name of Person Name of Firm/Company 1516 E Hillscrest St #210 Address Olrnado, FL 32803 City/State and Zip Code cmitcehll@fcpg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 605.011	5, Florida Statutes, the under	rsigned,
Charles J MItchell Jr. Name of Registered Agent		, hereby resigns as	
		ent	_ , ,
Registered Agent for Southwe	est Florida I	Regional Imaging II, LL	C
	Name of Lin	nited Liability Company	,
L10000050279			
Document Number, if k	rnown		
A copy of this resignation was r	nailed to the a	above listed limited liability	company at its last known address.
If signing on behalf of an entity	C	Signature of Resigning Agent	r the date on which this statement is filed
	Typed or Printed Name		
		Capacity	
Mak	FILING \$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili ble to Florida Department of S	CAHASS
		Division of Corporations P.O. Box 6327	FFS TO
		Tallahassee, FL 32314	25 F