

L10000050279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

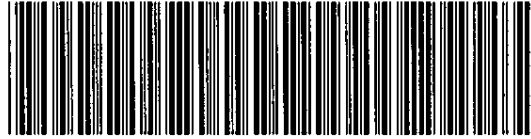
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southwest Florida Regional Imaging II, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Charles J Mitchell Jr

(Contact Person)



(Firm/Company)

1516 E Hillcrest Street #210

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles J Mitchell Jr

(Name of Contact Person)

at (407) 8720209

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 SEP 14 AM 11:53
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

August 26, 2015

CHARLES J MITCHELL JR
1516 E HILLCREST ST
210
ORLANDO, FL 32803

SUBJECT: SOUTHWEST FLORIDA REGIONAL IMAGING II L.L.C
Ref. Number: L10000050279

We have received your document for SOUTHWEST FLORIDA REGIONAL IMAGING II L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00018073



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Southwest Florida REgional Imaging II, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000050270

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 26, 2015

4. I, Charles J Mitchell Jr, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Rep

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
15 SEP 14 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA