

L100000055664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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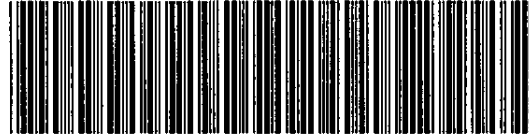
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2015

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**BLALOCK  
WALTERS**  
ATTORNEYS AT LAW

WE MAKE A DIFFERENCE

November 13, 2015

Mark P. Barnebey  
Anthony D. Bartirome  
Robert G. Blalock  
Ann K. Breitingner  
Lisbeth P. Bruce  
Anne W. Chapman  
Jonathan D. Fleece  
Dana Carlson Gentry  
Alexander K. John  
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Jennifer S. Schembri  
Robert S. Stroud  
Amanda C. Tullidge  
Clifford L. Walters

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

Re: Florida Cancer Physicians Network, LLC  
Resignation of Registered Agent

Dear Sir or Madam:

Enclosed please find a cover letter, Statement of Resignation of Registered Agent for a Limited Liability Company and our Firm check for \$25.00 for the filing fee.

Please contact me should you have any questions or need anything additional.

BRADENTON  
802 11th Street West  
Bradenton, FL 34205

SARASOTA  
2 North Tamiami Trail  
Suite 408  
Sarasota, FL 34236

ST. PETERSBURG  
146 2nd Street North  
Suite 101  
St. Petersburg, FL 33701

941.748.0100 phone  
941.745.2093 fax  
www.blalockwalters.com

Sincerely,

Sarah J. Orendorff  
Legal Assistant

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA CANCER PHYSICIANS NETWORK, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L0000055664

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:

TRI NGUYEN, M.D.

Name of Person

MANATEE CANCER CENTER

Name of Firm/Company

6215 21ST AVENUE W., SUITE B

Address

BRADENTON, FL 34209

City/State and Zip Code

tnguyen@fcpn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

tri7777@hotmail.com

Name of Person

at ( 941 ) 592-9470

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BLALOCK WALTERS, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for FLORIDA CANCER PHYSICIANS NETWORK, LLC

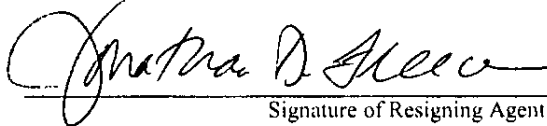
Name of Limited Liability Company

L0000055664

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:

JONATHAN D. FLEECE

Typed or Printed Name

PRESIDENT

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

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