Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000008609 3)))



H220000086093ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone : (702)866-2500

Fax Number : (702) 900-2290

AH 10: 30 2022 JAN -7 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: documents@incorp.com

# LLC REGISTERED AGENT RESIGNATION

TINMED DIAGNOSTIC SERVICES OF CENTRAL FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JAN 1 0 2022

S. PRATHER

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TO: Registration Section Division of Corporations

### COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L10000060006	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500\$	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley 702	866-2500 ext 690 <b>4</b>
Name of Person Area Code	866-2500 ext 6904  Daytime Telephone Number
Enclosed is a check made navable to the Florida Department	of State for \$85,00 for an active limited
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	l, voluntarily dissolved or withdrawn limited

### 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 provision	ins of section 605.0115, Florida Statutes, the unc	iersigned,	
Incorp Services, Ir	nc.	, hereby resigns as	
-	Name of Registered Agent		
Registered Agent for	NMED DIAGNOSTIC SERVICES OF C	ENTRAL FLORIDA, LLC	
	Name of Limited Liability Company	,	
L10000060006			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminate	ed and the office discontinued on the-31st day af	ter the date on which this statement is fil	ed.
•	Meno		
	Signature of resigning Agent	—-4	
If signing on behalf of a	in entity:	ALI ALI	<b>9</b> 09
	Wendy Hefley for Incorp Services, Inc		7) i ii 1890   1891   1990
	Typed or Printed Name	AS AS	€ 🕆
	Authorized Representative	SE S	
	Capacity	OF S	<b>*</b> C
		F STATE FLORIDA	
		AID.	၁
	<u>FILING FEES:</u>	<b></b> -	_

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company