

Florida Department of State
 Division of Corporations
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L1000062377

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : A1A REGISTERED AGENT INC.
 Account Number : 1200960000032
 Phone : (561) 792-2236
 Fax Number : (561) 202-8082

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
 MEDICAL MANAGEMENT & DESIGN CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

19 JUN 11 AM 9:29

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SUPERBIZ REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **MEDICAL MANAGEMENT & DESIGN CONSULTANTS LLC**

Name of Limited Liability Company

L10000062377

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:

TINA MAKI

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withdrawn limited liability company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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TALLAHASSEE, FLORIDA