

Jan. 26, 2012 3:40PM
Division of Corporations

Florida Health Law Center

No. 0748 Page 1/3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H12000022402 3)))



H120000224023ABCN

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 : FLORIDA HEALTHLAW CENTER
Account Number : I20080000076
Phone : (954) 358-0155
Fax Number : (954) 358-1611

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
MEDFIX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

RECEIVED

12 JAN 26 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help B. BOSTICK

JAN 27 2012

EXAMINER
1/26/2012

Jan. 26. 2012 3:40PM

Florida Health Law Center

No. 0748 P. 2/3

((H12000022402 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medfix, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000130526

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:

Name of Person

Florida Health Law Center
Name of Firm/Company

10200 W. State Rd 84 - Suite 106
Address

DAVID, FL 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

Trisha Spiller at (991) 358-0155
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H12000022402 3)))

FILED
12 JAN 26 AM 9:30
TALLAHASSEE, FLORIDA

(((+12000022402 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

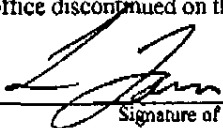
Florida Health Law Center, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Medfix, LLC
Name of Limited Liability Company

L10000130526
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:

Lee Lasris
Typed or Printed Name
Managing Member
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

INHS17 (08/05)

(((+12000022402 3)))

FILED
12 JAN 26 AM 8:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA