

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

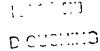
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Ra Rosignation



TEACTOR ANTHURS

COVER LETTER

TO: Registration Section Division of Corporations

J & T Medical Consultants LLC	C		
Name of L	imited Liability	Company	
DOCUMENT NUMBER: L13000128442	· .		
The enclosed Resignation of Registered Agen for filing.	nt for a Limited	Liability Company and fee are s	submitted
Please return all correspondence concerning t	his matter to th	e following:	
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter	r. please call:		ं हें ्र
Kasandra Lund	1 800	773-0888 x3951	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administra liability company.	ida Departmen tively dissolve	of State for \$85.00 for an active d, voluntarily dissolved or witha	e limited and a contract of the contract of th

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 605.01	15. Florida Statutes, the und	ersigned.	
United States Corporation Agents, 1	nc.	, hereby resigns as	
Name of Registered Age	ent	<u>- · · · · · · · · · · · · · · · · · · ·</u>	
Registered Agent for J & T Medical Con	sultants LLC		
Name of Li	mited Liability Company		
L13000128442			
Document Number, it known			
A copy of this resignation was mailed to the	above listed limited liability	y company at its last known add	lress.
	Signature of Resigning Agent		
It signing on behalf of an entity:			
Cheyenne Mos	eley		
Asst. Secretary for	Typed or Printed Name United States Corporation A	igents, Inc.	end Galaria Paranasa sang
	Capacity		17.7 (1.1)
FILING \$ 85.00 \$ 25.00	3 FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/voluntarily dissolved/	

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