

L13000132173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

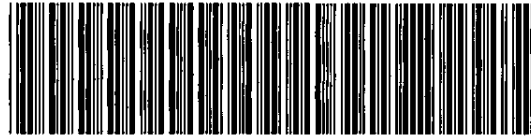
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 24 AM 10:39

C.L.
14-8-14

LAW OFFICES
HANFORD PROFESSIONAL CORPORATION
120 NORTH CHURCH STREET, SUITE 202
WEST CHESTER, PA 19380
(610) 344-9960
FAX: (610) 344-9961

STEVEN T. HANFORD
EMAIL: SHANFORD@MSN.COM

November 21, 2014

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

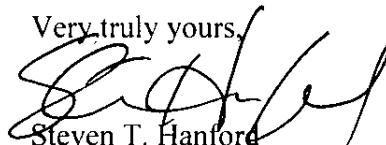
**Re: Tri-State Imaging FL Holdings, LLC:
Dissociation of Member/Manager**

Dear Sir or Madam:

Enclosed for filing please find the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company submitting by Tristate Imaging Group, LP, former Manager/Member of Tri-State Imaging FL Holdings, LLC, along with a check in the amount of Twenty-five Dollars (\$25.00) to cover the filing fee.

Thank you for your assistance. If you have any questions, please contact me.

Very truly yours,



Steven T. Hanford

STH/sh
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-STATE IMAGING FL HOLDINGS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Steven T. Hanford, Esq.

(Contact Person)

Hanford P.C.

(Firm/Company)

120 North Church Street, Suite 202

(Address)

West Chester, PA 19380

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven T. Hanford

(Name of Contact Person)

at (610) 344-9960
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 NOV 24 AM 10:39

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRI-STATE IMAGING FL HOLDINGS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000132173

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2014

4. I, Tristate Imaging Group, LP, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager/Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Tristate Imaging Group, LP

By:

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)