

L13 000138169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 03 2014

C. CARROT, 1279

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAGING MEDICAL CENTER 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:

JOHANN PURUNCAJAS

(Contact Person)

APA TAX & FINANCIAL SERVICES LLC

(Firm/Company)

6900 S ORANGE BLOSSOM TRAIL, SUITE 400

(Address)

ORLANDO, FL. 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHANN PURUNCAJAS

(Name of Contact Person)

at (407) 259-2626
(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



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: IMAGING MEDICAL CENTER LLC
2. The Florida document/registration number assigned to this limited liability company is:
L13000138169
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/10/2015
4. I, JOHANN PURUNCAJAS, hereby withdraw/resign as a
(Print Name of Person Resigning)
AR
(Print Title)

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

Johann Puruncajas
Signature of Dissociating Member or Resigning Manager

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

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STATE
TALLAHASSEE, FLORIDA