

L14000180467

2017-11-17 16:41:16 (93)

7080845 From: Ranae McGraw

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.

((H170003046533))



H170003046533ABC3

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 419-6949
Fax Number : (954) 208-0845

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
STAR RADIOLOGY OF FLORIDA, LLC

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

2017 NOV 17 PM 5:44

FILED
17 NOV 17 AM 8:47
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

S. WARREN

NOV 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR RADIOLOGY OF FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000180467

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:

Helen Mac-Tran
Name of Person

C T CORPORATION SYSTEM
Name of Firm/Company

111 8th Avenue, 13th Floor
Address

New York, New York 10011
City/State and Zip Code

Helen.Mac-Tran@wolterskluwer.com
E-mail address: (to be used for future annual report notification.)

For further information concerning this matter, please call:

Helen Mac-Tran at (212) 590-9118
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 605.0115, Florida Statutes, the undersigned,

NRAI SERVICES, INC, hereby resigns as
Name of Registered Agent

Registered Agent for STAR RADIOLOGY OF FLORIDA, LLC
Name of Limited Liability Company

L14000180467
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:

NRAI SERVICES, INC - Helen Mac-Tran
Typed or Printed Name
Assistant Secretary
Capacity

FILED
17 NOV 17 AM 8:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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