

L17 000 106 339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

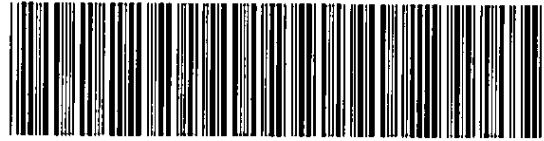
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA RETINA DIAGNOSTICS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000106339

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:

PHILIP JOSEPHSON

Name of Person

STERLING BUSINESS LAW

Name of Firm/Company

2665 S. BAYSHORE DRIVE, PH2B

Address

MIAMI, FL 33133

City/State and Zip Code

pjosephson@sterlingbusinesslaw.com

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

For further information concerning this matter, please call:

PHILIP JOSEPHSON

Name of Person

at (305) 2857970

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

STERLING BUSINESS LAW

Name of Registered Agent

, hereby resigns as

Registered Agent for FLORIDA RETINA DIAGNOSTICS LLC

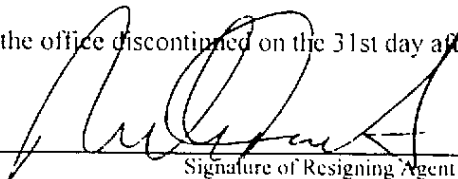
Name of Limited Liability Company

L17000106339

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:

PHILIP JOSEPHSON

Typed or Printed Name

PRESIDENT

Capacity

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19 JUL -5 PM 1:52
SECRETARY 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