

L37267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

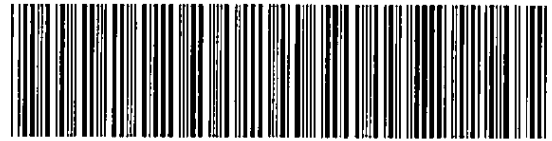
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900433235769

07/18/24 - 01032 -- 004 *\$900.00

FILED

2024 JUL 18 PM 12:28

CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA DIAGNOSTIC LAB, INC.
(Name of Corporation)

DOCUMENT NUMBER: L37267

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IMPERATO, GABRIEL L.
(Name of Person)

NELSON MULLINS
(Name of Firm/Company)

1 FINANCIAL PLAZA, SUITE 2700
(Address)

FORT LAUDERDALE, FL 33394
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Imperato at (954) 745-5223
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, IMPERATO, GABRIEL L.

(Name of Registered Agent)

hereby resigns as Registered Agent for SOUTH FLORIDA DIAGNOSTIC LAB, INC.

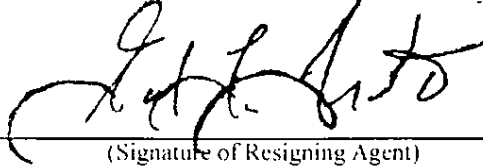
(Name of Corporation)

L37267

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILED
2024 JUL 18 PM 12:28
TALLAHASSEE, FLORIDA