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111 Eighth Avenue New York, NY 10011 :212 894 8940 tel * 212 590 9180 fax www.ctlegalsolutions.com

July 22, 2015

RE: REGIONAL DIAGNOSTICS, L.L.C. (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$25.00 to cover the required filing fee.

Very truly yours.

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

COVER LETTER

REGIONAL DIAGNOSTICS, L.L.C. (FL. DOM.) SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L97000000005 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: THERESA ALFIERI Name of Person C T CORPORATION SYSTEM Name of Firm/Company 111 EIGHTH AVENUE 13TH FLOOR Address NEW YORK, NY 10011 City/State and Zip Code Theresa.Alfieri@Wolterskluwer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THERESA ALFIERI Area Code Daytime Telephone Number Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (12/13)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.011	5, Florida Statutes, the un	idersigned,			
C T CORPORATION SYSTEM			, hereby resigns a	as		
	Name of Registered Age	nt	,			
Registered Agent for	REGIONAL DIAGNOS	STICS, L.L.C. (FL. DOM.))			_
	Name of Lin	nited Liability Company				,
L97000000005						
Document	Number, if known					
A copy of this resigna	ation was mailed to the	above listed limited liabili	ty company at its la	st knowr	n addre	ess.
-						
The agency is termina	ared and the office disco	ontinued on the 31st day a	fter the date on which	oh this st	atemei	it is filed
	C T Corporation	on System				
	By: U	Signature of Resigning Ager	it			
If signing on behalf o	f an antitu					
ir signing on behalf o	•					
		ion System - Theresa Alfier	i 		2	
	Т	yped or Printed Name			ᇑ	. company
		Assistant Secretary			=	t de companie
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	<u>FILING</u>	FEES:		€.H		
·	\$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily di pility company	ssolved/	(-	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (12/13)