

L98000001744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

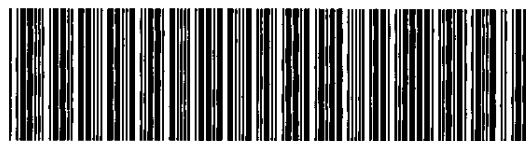
(Business Entity Name)

(Document Number)

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M. MILLIGAN  
EXAMINER

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**United Corporate Services, Inc.**

*Excellent Service in Extraordinary Times*

Ten Bank Street, Suite 560  
White Plains, NY 10606  
www.unitedcorporate.com

Toll Free (800)899-8648  
Voice (914)949-9188  
Fax (914)949-9618

March 7, 2014

State of Florida  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: NYDIC Open MRI of America – Pensacola, L.C.  
L98000001744

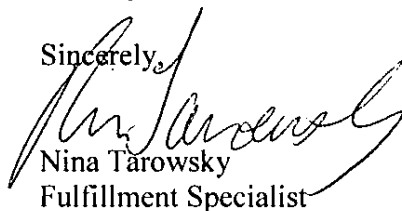
Dear Sir/Madam:

Enclosed is the Resignation of Registered Agent form for the above noted entity along with our check in the amount of \$25.00 for the filing fee.

If everything is in order, please file, forwarding a filed stamped copy to the attention of the undersigned in the enclosed envelope.

Thank you.

Sincerely,



Nina Tarowsky  
Fulfillment Specialist

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NYDIC Open MRI of America - Pensacola, L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L98000001744

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:

Nina Tarowsky

Name of Person

United Corporate Services, Inc.

Name of Firm/Company

10 Bank St. Ste. 560

Address

White Plains, NY 10606

City/State and Zip Code

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

For further information concerning this matter, please call:

Nina Tarowsky

Name of Person

at ( 914 ) 949-9188

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**United Corporate Services, Inc.**

Name of Registered Agent

, hereby resigns as

Registered Agent for **NYDIC Open MRI of America - Pensacola, L.C.**

Name of Limited Liability Company

**L98000001744**

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:

**Michael A. Bar**

Typed or Printed Name

**President, United Corporate Services, Inc.**

Capacity

FILED  
MAR 10 PM 4:48  
CORPORATE SERVICES, INC.  
605.0115

### **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