

L 980000 2309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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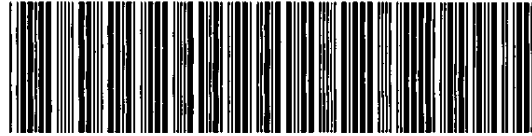
(Business Entity Name)

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Philip M. Shasteen

Thomas B. Smith
Board Certified in Health Law

Suite 1100
150 Second Avenue North
St. Petersburg, Florida 33701-3355

(727) 898-6688
Fax (727) 898-8811

Writer's E-Mail Address:

kmcshane@bcgs-law.com

Refer to File No.

Writer's Direct Dial No.

00

(727) 898-6693

September 19, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Medical Associates of Pinellas, L.L.C.

Dear Sir/Madam:

Enclosed for filing please find a Resignation of Registered Agent for the above referenced entity, along with the \$85.00 filing fee. Please return a copy of the filed document to us for our records.

Sincerely,



Kelly McShane
Legal Assistant to
Thomas B. Smith

/klm
Enc.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Thomas B. Smith
(Name of Registered Agent)

, hereby resigns as

Registered Agent for Medical Associates of Pinellas, LLC

(Name of Limited Liability Company)

L98000002309
(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.

X Thomas B. Smith
(Signature of Resigning Agent)

If signing on behalf of an entity:

[Signature]
(Typed or Printed Name)
[Signature]
(Capacity)

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TALLAHASSEE, FLORIDA

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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withdrawn limited liability company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