

L99000002645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99-2645
CR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transflorida Mobile Diagnostic Services, LC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Gann, David Johnson
(Name of Person)

Transflorida Mobile Diagnostic Services, LC
(Firm/Company)

805 S. Orlando Avenue, Suite F
(Address)

Winter Park, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

David Johnson at (904) 545-3591
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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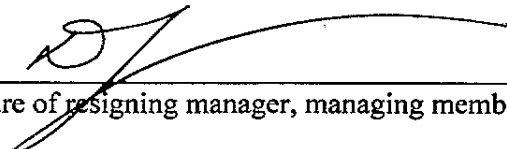


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DAVID JOHNSON, hereby resign as MANAGER
(Title)
of TRANSFLORIDA MOBILE DIAGNOSTIC SERVICES L.C.
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA
and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEE IS \$25.00

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