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## Mark B. MacLean

Attorney at Law 3835 Hendricks Avenue JACKSONVILLE, FLORIDA 32207 TELEPHONE (904) 353-6235

MEMBER FLORIDA AND GEORGIA BARS

Mailing Address:

FACSIMILE (904) 399-2839 P.O. BOX 551108, 32255-1108 JACKSONVILLE, FLORIDA

February 2, 2005

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

Re: Monument-9A Medical & Imaging Center, L.C., a Florida Limited Liability Company

To Whom It May Concern:

Please find enclosed herewith a Resignation of Registered Agent For A Limited Liability Company regarding the above referenced LLC, as well as three Resignations of Member, Managing Member or Manager. Also enclosed herewith is my check, #0790, payable to the Florida Department of State, in the amount of \$160.00, as filing fees for the four documents described herein.

Should you have any questions, comments or concerns, please feel free to contact me at your convenience.

Respectfully yours,

Mark B. MacLean

**Enclosures** 

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statutes, the ur	ndersigned,
Dale A. Beardsle	y, hereby re	esigns as
	(Name of Registered Agent)	<del></del>
Registered Agent for	Monument-9A Medical & Imaging Center, L.C.	<u> </u>
	(Name of Limited Liability Company)	ARY SSE
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(Document No	imber, if known)	ORI I
A copy of this resigna	tion was mailed to the above listed limited liability company a	at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the date of	on which this statement is filed.
	(Signature of Resigning Agent)	
If signing on behalf of	an entity:	
	(Typed or Printed Name)	
	(Capacity)	

Active limited liability company
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withdrawn limited liability company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