M0300001084

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Costinoid Namao)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:



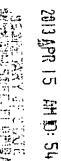


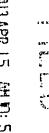
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04/16/13--01005--019 **60.00

04/01/13--01020--021 **25.00

APR 1 6 2013 T CLINE







April 2, 2013

BROOKE BREEDING NATIONAL CORPORATE RESEARCH, LTD. 615 S DUPONT HWY DOVER, DE 19901

SUBJECT: SEITZ DIAGNOSTIC GROUP LLC

Ref. Number: M03000001084

We have received your document for SEITZ DIAGNOSTIC GROUP LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

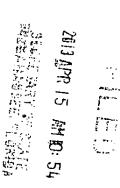
The fee to file registered agent resignation on a active company is \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 213A00007718



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	SEITZ DIAGNOS	STIC GROUP LLC	
	•	d Liability Company	
DOCUMENT NUMBER:	N	103000001084	
The enclosed Resignation of I for filing.	Registered Agent for	a Limited Liability Company and	d fee are submitted
Please return all corresponder	ice concerning this m	natter to the following:	
Brooke I	<u> </u>	· 	
Name o	f Person		
National Corpora			
Name of Fir	m/Company		
615 S Du	pont Hwy		
Add	ress		
Dover, D	E 19901 nd Zip Code		
City/State a	id Zip Code		
statrep@nati E-mail address: (to be used fo	onalcorp.com r future annual report not	tification)	
For further information conce	rning this matter, ple	ease call:	
Brooke Breedin Name of Person	at (800) 483-1140 ext 30 Area Code & Daytime Telephone No	05 umber
Enclosed is a check made pay liability company or \$25.00 folimited liability company.	able to the Florida D or an administratively	repartment of State for \$85.00 for y dissolved, voluntarily dissolved	an active limited or withdrawn
MAILING ADDRESS:	•	STREET ADDRESS:	M 5 7
Amendment Section		Amendment Section	声 图 门
Division of Corporations		Division of Corporations	5 5
P.O. Box 6327		Clifton Building	Ž
Tallahassee, FL 32314		2661 Executive Center Circle	₹.
		Tallahassee, FL 32301	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Nationa	Corporate Research, Ltd, hereby resigns as
	Name of Registered Agent
Registered Agent for	SEITZ DIAGNOSTIC GROUP LLC
	Name of Limited Liability Company
. M03000	0001084
Document Nur	nber, if known
A copy of this resignation	n 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.
	A. helyre
	Signature of Resigning Agent .
If signing on behalf of an	entity:
	Andrew Lundgren
	Typed or Printed Name
	V.P., National Corporate Research, Ltd. Capacity
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company 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