MU300001085

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

KENDALL OD	ENLABALLO.
SUBJECT: KENDALL OP: Name of Limited I	EN MRI LLC Liability Company
DOCUMENT NUMBER: MO	300001085
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter to the following:
MARY FINK Name of Person	
National Corporate Research, LTD, Inc. Name of Firm/Company	
615 S. Dupont Highway Address	
DOVER, DE 19901 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
mfink@nationalcorp.com E-mail address: (to be used for future annual report notifi For further information concerning this matter, pleas	,
	300) 483-1140 ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment 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 provisi	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
National	Corporate Research, LTD, Inc. , hereby resigns as
,	Name of Registered Agent
Registered Agent for _	KENDALL OPEN MRI LLC
	Name of Limited Liability Company
M030	00001085
Document N	Number, if known
A copy of this resignat	ion was mailed to the above listed limited liability company at its last known address.
The agency is terminat	ed 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:
	Wayne Rafanelli
	Typed or Printed Name
	V. P., National Corporate Research, LTD., Inc.
	Capacity

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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

INHS17 (08/05)