## M04000000385

(Re	equestor's Name)			
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DIVISION OF CONTROL 45

Ref. Rengr

C. Coulliette APF

APR 2 8 2006



ACCOUNT NO. : 072100000032  REFERENCE : 071342 81523A  AUTHORIZATION : STREET CONTROL OF THE PROPERTY OF THE P						
COST LIMIT : \$ 85.00						
ORDER DATE: April 28, 2006						
ORDER TIME: 12:01 PM						
ORDER NO. : 071342-015						
CUSTOMER NO: 81523A						
R.A. RESIGNATION  NAME: RICHMOND MEDICAL PARTNERS, LLC						
XX REGISTERED AGENT RESIGNATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Carina L. Dunlap-EXT#2951						
EXAMINER'S INITIALS:						

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florid	da Statutes, the undersigned	,		
DeCubellis, Meel	ks & Uncapher, P.A.	, hereby resigns as	ALL ALL	200	,
	(Name of Registered Agent)	,,	Af	- 5 - A1	
Registered Agent for	RICHMOND MEDICAL PARTNER	S, LLC	ASS	2006 APR 28	ות
			E C		ILED
	(Name of Limited Liability Company)	)	FLOR	<del>ှည့်</del> သူ	D
M0400000385			DA	16	
(Document Nu	mber, if known)				
A copy of this resigna	tion was mailed to the above listed limited li	ability company at its last k	nown ado	iress.	
The agency is termina	ted and the office discontinued on the 31st d	lay after the date on which t	his staten	nent is	filed.
	(Signature of Resigning Agent				
If signing on behalf of	. 5				
	Daniel L. DeCubellis	1			
	(Typed or Printed Name) President				
	(Capacity)				

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