

MO4000004817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

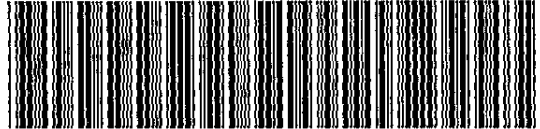
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

4/28
[Signature]



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 071342 81523A
AUTHORIZATION : *Lyndaleman*
COST LIMIT : \$ 25.00

ORDER DATE : April 28, 2006

ORDER TIME : 12:02 PM

ORDER NO. : 071342-025

CUSTOMER NO: 81523A

R.A. RESIGNATION

NAME: RMP AT EAST PASCO MEDICAL
BUILDING, LLC

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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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DECUBELLIS, MEEKS & UNCAPHER, P.A.

(Name of Registered Agent)

Registered Agent for RMP AT EAST PASCO MEDICAL BUILDING, LLC

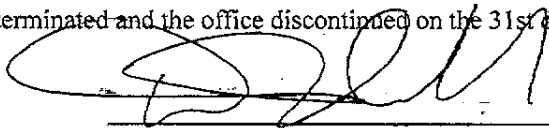
(Name of Limited Liability Company)

M04000004817

(Document Number, if known)

A copy of this resignation 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Daniel L. DeCubellis

(Typed or Printed Name)

President

(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

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