

Mo7000001804



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FILED
10 JUN 29 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

JUN 30 2010

EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2010

ROB MCCOLGAM
BREAST MRI INSTITUTE, PLC
PO BOX 320555
FLINT, MI 48532

SUBJECT: BREAST MRI INSTITUTE, PLC
Ref. Number: M07000001804

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TALLAHASSEE, FLORIDA

We have received your document for BREAST MRI INSTITUTE, PLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 510A00013674

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREAST MRI INSTITUTE, PLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROB McCOLLUM

(Name of Person)

BREAST MRI INSTITUTE, PLC

(Firm/Company)

P.O. Box 320555

(Address)

FLINT, MI 48532

(City/State and Zip Code)

For further information concerning this matter, please call:

ROB McCOLLUM

(Name of Person)

at (810) 732-5541

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

ALREADY SUBMITTED PAYMENT, SEE ATTACHED LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

BREAST MRI INSTITUTE, P.C

(Name of limited liability company)

MICHIGAN

(Jurisdiction of its organization)

MO7000001804

(Florida Document Number)

~~This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.~~

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

P.O. Box 320555

(Mailing address)

FLINT, MI 48532

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Robert M. McColgan

(Signature of member or authorized representative of a member)

ROBERT M. McCOLGAN

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00