

M0704005692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

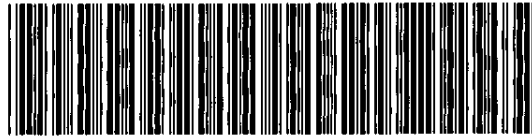
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B. KOHR

JAN 17 2012

EXAMINER



800215938608

RECEIVED
12 JAN 12 PM 4:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 JAN 12 AM 9:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 058859 4304417

AUTHORIZATION

COST LIMIT \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 12 AM 9:55

ORDER DATE : January 12, 2012

ORDER TIME : 2:34 PM

ORDER NO. : 058859-010

CUSTOMER NO: 4304417

DOMESTIC FILINGS

NAME: MIDWEST DIAGNOSTIC
MANAGEMENT, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT# 2920

EXAMINER'S INITIALS: _____

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 12 AM 9:55

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
CORPORATION SERVICE COMPANY, hereby resigns as
(Name of Registered Agent)

Registered Agent for MIDWEST DIAGNOSTIC MANAGEMENT, LLC

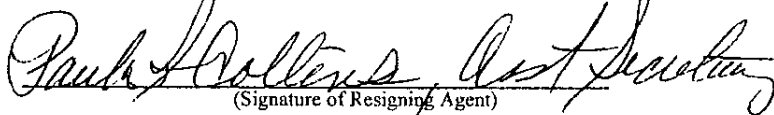
(Name of Limited Liability Company)

M07000005692

(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:

CORPORATION SERVICE COMPANY

(Typed or Printed Name)

ASSISTANT SECRETARY

(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withdrawn limited liability company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