

M97000000033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/11

R/A Rep.

M97-33

Office Use Only



600057103266

07/11/05--01031--024 **85.00

M. HODGES

600057103266

CT CORPORATION

July 5, 2005

RE: SURGICAL INSTRUMENT REPAIR SERVICE LLC (DE DOM)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$85.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclosed a stamped self-address envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri (ks)

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:ks
enclosure

111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

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,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

SURGICAL INSTRUMENT REPAIR SERVICE LLC (DE DOM)

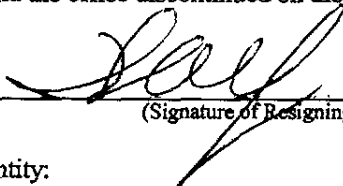
(Name of Limited Liability Company)

M97000000033

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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