417 E. Virginia Street, Suite 1. Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

7500000 46 R. Levine, D.O., P.A.

Time

Date 718

Will Pick Up

Signature

Requested by:

Name

Walk-In

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	LTD Partnership File	•••
··.	Foreign Corp. File	
	L.C. File	
	Fictitious Name File	
	Name Reservation Merger File	
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. <u> </u>	RA Resignation S	3
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<u> </u>	Annual Report / Reinstatement	- -
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2	Certificate of Status	
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	UCC 11 Search	
	UCC 11 Retrieval	
	Courier	

FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509,	or 617.1509,
Florida Statues, the undersigned, Capital Connection, Inc. (Name of registered agent)	21
hereby resigns as Registered Agent for (Tari) K Levine Do (Name of corporation)	 .
A copy of this resignation was mailed to the above listed corporation at its las	t known address.
The agency is terminated and the office discontinued on the 31st day after the	ne date on which
this statement is filed.	
(Signature of resigning agent) If signing on behalf of an entity:	97 OCT -7 SECRETARY TALLAHASSE
Weimar Lopez (Typed or Printed Name) Registered Agent Coordinator	PH 1: 05 EFFLORIDA
(Capacity)	

Fee for filling this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation