

208000011820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

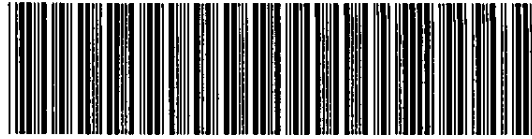
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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3:53:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRNA'S OF SOUTH FLORIDA, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALEXANDER OLIU
(Contact Person)

(Firm/Company)

9946 NW 32 STREET
(Address)

DORAL, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER OLIU at (786) 229-6606
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

MAILING ADDRESS:

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 TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CRNA'S OF SOUTH FLORIDA, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L08000011820

4. I, ELIZABETH M DOMINGUEZ, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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