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## **COVER LETTER**

CR2E079 (5/06)

_	stration Section sion of Corporations		
SUBJECT:	GENERAL SURGERY O		<del></del>
The enclosed filing.	d member, managing member or ma	•	
Please return	n all correspondence concerning this	s matter to:	
DAMARI	S PEREZ		
	(Contact Person)		-
GENERA	AL SURGERY OF PALM B	EACH L	LC
3319 ST	ATE RD 7, SUITE 207		_
WELLING	(Address) GTON, FL 33449		_
	(City/State and Zip Code)		
For further i	information concerning this matter,	please call:	
DAMARI	S PEREZ at	, 561	, 2483087
()	Name of Contact Person)	·	& Daytime Telephone Number)
Enclosed ple	ease find a check made payable to the \$25 Filing Fee		Department of State for: S55 Filing Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as NERAL SURGERY C			partment	t
2. This limited liab	ility company was organized	l under the laws of:			
3. The Florida docu L09000026	iment/registration number of 5814	f this limited liability co	mpany is:		
4. I, LUIS ROS	AS ame of Person Resigning)	, hereby resign as a	a MGRM (Print Title)		
of this limited lial resignation in wr	pility company and affirm the	/		ed of my	· strange to
Filing Fee: Certified Copy:	, <u>.</u> ,		ASSEE, FLORIDA	11 12 14 4: 11	