L16000184709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 08 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: **Aquila Surgical Partners, LLC**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:

Jason L. Gunter, Esq.
Gunterfirm
1514 Broadway, Suite 101
Fort Myers, FL 33901

For further information concerning this matter, please call:

Conor Foley, Esq. at **(239) 334-7017**

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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **Aquila Surgical Development, LLC** .

2. The Florida document/registration number assigned to this limited liability is: **L16000184709**.

3. The date this member withdrewis: **May 1, 2017** .

4. I, **Edward T. Humbert** , hereby withdraw as **Member** of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

17 MAY -5 PM 4:01

X _____
Signature of Dissociating Member

Filing Fee: $25.00 (Required)

Certified Copy: $30.00 (Optional)