

46000/84709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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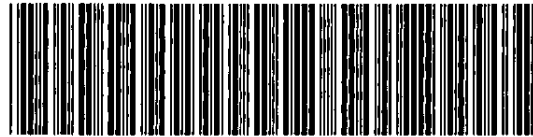
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY -5 PM 4:01

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O SIMMONS
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 withdrew is: 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.

X

Signature of Dissociating Member

17 MAY -5 PM 4:01

FILED

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)