

L00000005711

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

P. O. BOX 2346  
ORLANDO, FLORIDA 32802-2346

800 NORTH MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO, FLORIDA 32803

(407) 841-1200  
FAX (407) 423-1831

Writer's E-Mail  
mfendle@deanmead.com

www.deanmead.com

Writer's Direct Dial  
(407) 428-5119

August 10, 2005

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Resignation of Registered Agent

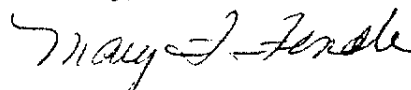
Dear Sir or Madam:

Enclosed for filing is a *Resignation of Registered Agent for a Limited Liability Company* for Foot and Ankle Associates of Florida Surgical Center, LLC, Document Number L00000005711, together with this firm's check in the amount of \$85.00 for the filing fee.

Please file the enclosed resignation and return an acknowledgment of the filing to:

Alan H. Daniels, Esq.  
P. O. Box 2346  
Orlando, FL 32802-2346

Sincerely,



Mary F. Fendle, Paralegal

:mf  
Enclosures

cc: Eugene M. Pascarella, Jr., DPM w/enclosure  
Alan H. Daniels, Esq. w/enclosure

00221037v1

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alan H. Daniels

, hereby resigns as

(Name of Registered Agent)

Registered Agent for Foot and Ankle Associates of Florida Surgical Center, LLC

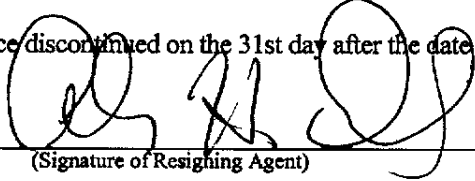
(Name of Limited Liability Company)

L00000005711

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

✓   
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314