

LO2000007576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

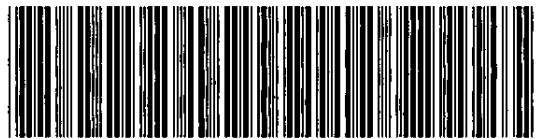
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IDEAL HEALTH NETWORK, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L02000007576

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS LIDSKY, ESQ.

(Name of Person)

LIDSKY, VACCARO & MONTES, P.A.

(Name of Firm/Company)

145 East 49th Street

(Address)

Hialeah, FL 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Lidsky at ( 305 ) 822-2100  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2008

CARLOS LIDSKY, ESQ.  
LIDSKY, VACCARO & MONTES, P.A.  
145 E. 49TH STREET  
HIALEAH, FL 33013

SUBJECT: IDEAL HEALTH NETWORK, LLC  
Ref. Number: L02000007576

We have received your document for IDEAL HEALTH NETWORK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 708A00052855

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IDEAL HEALTH NETWORK, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L02000007576

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Lidsky  
(Name of Person)

Lidsky, Vaccaro & Montes, P.A.  
(Name of Firm/Company)

145 East 49th Street  
(Address)

Hialeah, Florida 33013  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Lidsky at ( 305 ) 822-2100  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

Carlos Lidsky

(Name of Registered Agent)

, hereby resigns as

Registered Agent for IDEAL HEALTH NETWORK, LLC

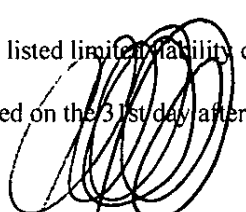
(Name of Limited Liability Company)

L02000007576

(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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2008 OCT 17 PM 3:04  
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