# L0200030581

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	<del></del>
Certified Copies	Certificates of	Status
Special Instructions to I	Filing Officer:	
		600
	Office Use Only	110



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Dept. of State Division of Corporations PO Box 1300 Tallahassee, FL 32302

Please find attached letter of resignation as a manager with Medical Partners LLC. Please amend your records accordingly to remove me from any and all affiliation with the company.

3058

Thank you for your assistance in this matter.

Eric Aleman

266-75-3595

113 Mill Cove Lane

Ponte Vedra Beach, FL 32082

\$ 685, 707, 671



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11, 2003

ERIC ALEMAN 113 MILL COVE LANE PONTE VEDRA BEACH, FL 32082

SUBJECT: MEDICAL PARTNERS, LLC

Ref. Number: L02000030581

We have received your document for MEDICAL PARTNERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Letter Number: 303A00036334

Marsha Thomas Document Specialist ECRE DARY OF STATE



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	ERIC	J.	Heman =	hereby resign as	Manac	ER	
					(Title)		_
of	$\mathcal{M}$	edica	- PArTner	r LLC			>
			(Limited Liabilit	y Company)			
a limi	ted liability con	npany organ	ized under the lav	vs of the State of	Florida		
and at	ffirm that the lir	nited liabilit	y company has be	en notified in writi	ng of the resigna	ition <b>S</b>	
				7	HASSA	JUN 2	
		<u>e</u> ,	) (			5 F	
	(Sign	nature of res	igning manager, t	nanaging member of	or member)	တ္ 🌉	
				,	<b>5</b> .	ష్ట	

### FILING FEE IS \$25.00

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