

L02000031707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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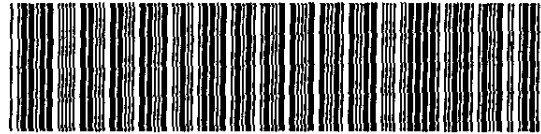
(Business Entity Name)

(Document Number)

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L02-31707  
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FILED  
JAN 27 2004  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICA'S MEDICAL PASSPORT CLUB, L.L.C.  
(Name of Corporation)

**DOCUMENT NUMBER:** L02000031707

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy G. Schoenwalder, Esq.

(Name of Person)

(Name of Firm/Company)

123 South Calhoun Street

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Angel de Para

(Name of Person)

at ( 305 ) 228-1786

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FEB 2 1991

FILED

Manager RESIGNATION  
FOR A Limited Liability Company

I, ANGEL DE PARA, hereby resign as MANAGER  
(Title)

of AMERICA'S MEDICAL PASSPORT CLUB, L.L.C.,  
(Name of Corporation)

L02000031707, a LLC organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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