

LO2000031709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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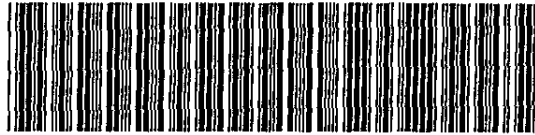
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSET MEDICAL ASSOCIATES, L.L.C.
(Name of Corporation)

DOCUMENT NUMBER: L02000031709

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

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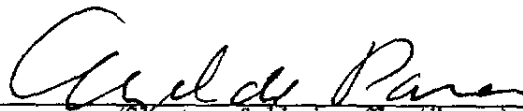
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Manager RESIGNATION
FOR A Limited Liability Company

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

of SUNSET MEDICAL ASSOCIATES, L.L.C.
(Name of Corporation)

102000031709, 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

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