

**LD30000014433**

(Requestor's Name)

(Address)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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# ARISTA & HERRÁN, P.L.

GABLES INTERNATIONAL PLAZA  
2655 SOUTH LE JEUNE ROAD, SUITE 700  
CORAL GABLES, FLORIDA 33134  
TELEPHONE: (305) 444-7662  
FACSIMILE: (305) 444-7275  
INFO@ARISTALAW.COM

February 25, 2009

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

RE: Pain Medicine Solutions, LLC  
Document/Registration Number: L03000014433  
Resignation as a Managing Member of Pain Medicine Solutions, LLC

Dear Division of Corporations:

The enclosed managing member resignation is submitted for filing. A check in the amount of \$55.00 is also enclosed representing the filing fee and certified copy fee. Please return all correspondence concerning this matter to me.

Should you have any questions, please feel free to contact me at (305) 444-7662.

With best regards,



Michelle N. Shupe-Abbas, Esq.

MSA/msa

Enclosures

CC: Certified Mail Receipt # 7004 2890 0000 8789 8082  
Pain Medicine Solutions, LLC  
8603 South Dixie Highway  
Suite 401  
Miami, Florida 33143

James A. Horland, Esq.  
Suite M 500 Citicentre  
290 NW 155<sup>th</sup> Street  
Miami, Florida 33169

**RESIGNATION OF MANAGING MEMBER FROM  
FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is PAIN MEDICINE SOLUTIONS, LLC.
2. This limited liability company was organized under the laws of the State of Florida.
3. The Florida document/registration number of this limited liability company is L03000014433.
4. I, Albert Zbik, hereby resign as a Managing Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
5. I, Albert Zbik, will continue as a Member of this limited liability company despite my resignation as a Managing Member.

  
\_\_\_\_\_  
Dr. Albert Zbik

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA