

W03000014706

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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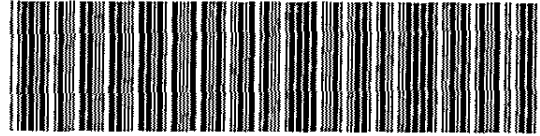
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**MARLOWE & WEATHERFORD, P.A.**

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*Of Counsel*

PLEASE REPLY TO:  
POST OFFICE DRAWER 2366  
WINTER PARK, FLORIDA 32790-2366  
FACSIMILE (407) 740-0310

June 14, 2005

**VIA REGULAR MAIL**

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Resignation of Member, Managing Member or Manager of Rinehart/Lake Mary  
Surgical Center, LLC and Rinehart Holding, LLC

Dear Sir or Madam:

Enclosed please find the original Resignation of Member, Managing Member or  
Manager for Rinehart/Lake Mary Surgical Center, L.L.C. and the original Resignation of Member,  
Managing Member or Manager for Rinehart Holding, L.L.C., together with a check for \$50.00 to  
cover the filing fees.

Please call if you have any questions or comments.

Sincerely yours,



William P. Weatherford, Jr.

WPWjr/ddd

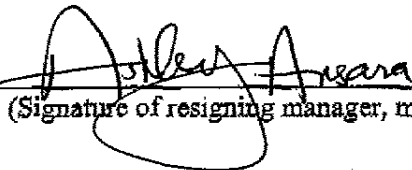
Enclosures

cc: Cheryl Modica

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**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Ashley Ansara, hereby resign as Manager  
 (Title)  
 of Rinehart/Lake Mary Surgical Center, LLC  
 (Limited Liability Company)  
 a limited liability company organized under the laws of the State of Florida  
 and affirm that the limited liability company has been notified in writing of the resignation.

  
 (Signature of resigning manager, managing member or member)

**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

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