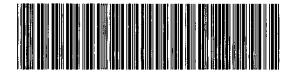
L0400000 9535

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M. THOMAS

OCT 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUNSET SURGICENTER (Name of Limited L	
The enclosed member, managing member or man filing.	• • •
Please return all correspondence concerning this	matter to:
Benjamin Schiff	
(Contact Person)	2009 OCT -2 AM IO: 28 SECRETARY OF STATE SECRETARY SEE, FLORIC TALLAHASSEE, FLORIC
(Firm/Company)	ASSE 2
1901 HARRISON STREET	E. FLI
(Address)	28 DRIDE
HOLLYWOOD, FL 33020	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Benjamin Schiff at (954) 921-6431
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sqrt{2}\$ \$1 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company a		the records of	the Florida Dep	eartment
2. This limited liab	ility company was organiz	ed under the la	ws of:	2009 C SEC TALL	 [
3. The Florida doc <u>L040000</u>	ument/registration number 9535	<u></u> •		Y OF ST	FILED
	RAPPERPORT	, hereby	resign as a M	ANASER	<u> </u>
(Print N	lame of Person Resigning)			(Print Title)	•
of this limited lia resignation in wi	bility company and affirm iting.		ility company h	nas been notifie	d of my
cSignature of Res	igning Member, Managing	Member or Ma			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				