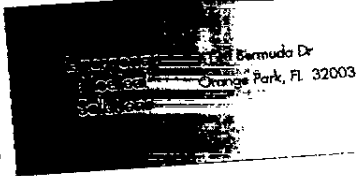


U04000026814

(Requestor's Name)



(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

U04-26814

(Document Number)

Certified Copies _____ Certificates of Status _____

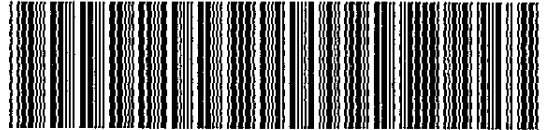
Special Instructions to Filing Officer:

10/24 mem Res

FIS+DATES

Office Use Only

mg



000060755270

10/24/05--01036--026 **25.00

FILED

05 OCT 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JUDITH A. COBB, hereby resign as PARTNER
(Title)

of EMERGENCY MEDICAL SOLUTIONS 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.

J Cobb
(Signature of resigning manager, managing member or member)

05 OCT 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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