

09/21/2010 10:02

850-245-6030

REGISTRATION SECTION

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DEAN MEAD ORLANDO

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Division of Corporations

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Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT RESIGNATION .
AVENTURA EMERGENCY PHYSICIAN ASSOCIATES, LLC

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RA Resign.

9/21/10

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DEAN MEAD ORLANDO

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Dean Mead Services, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Aventura Emergency Physician Associates, LLC

Name of Limited Liability Company

L04000057276

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Dean Mead Services, LLC

Typed or Printed Name

By: Stephen R. Looney, Vice President

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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