

L0400058485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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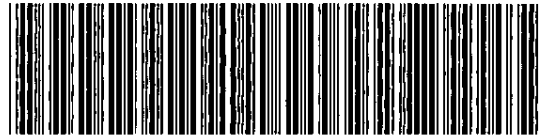
(Business Entity Name)

(Document Number)

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09 MAR -9 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DA resign
Theris
3-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Melbourne Medicine & Surgery Associates, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000058485

The enclosed Resignation of Registered Agent for a ^{Limited Liability Company} ~~Corporation~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory W. Eisenmenger

(Name of Person)

Eisenmenger, Berry & Peters, PA

(Name of Firm/Company)

5450 Village Drive

(Address)

Viera, FL. 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory W. Eisenmenger

(Name of Person)

at (321) 504-0321

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for ^{25.00} ~~\$67.00~~ for an active ^{Limited} ~~corporation~~ or ^{25.00} ~~\$35.00~~ for an administratively dissolved, voluntarily dissolved or withdrawn corporation. _{Liability Company}

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR
A LIMITED LIABILITY COMPANY

FILED
09 MAR -9 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections ^{608.416 608.509} ~~607.0502(2), 617.0502(~~

Florida Statutes, the undersigned, GREGORY W. EISENMENGER

(Name of Registered Agent)

hereby resigns as Registered Agent for Melbourne Medicine & Surgery Associates, LLC


(Name of Limited Liability Company)

L04000058485

(Document Number, if known)

A copy of this resignation was mailed to the above listed ^{limited liability company} ~~corporation~~ 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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$85.10 - Active corporation

\$25.00 Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314