

L040000065046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

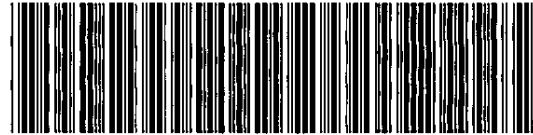
Special Instructions to Filing Officer:

L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Hand Center, PL

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jorge L. Orbay, MD

(Contact Person)

(Firm/Company)

8905 SW 87th Ave, Suite 100

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Pilar Moore

(Name of Contact Person)

at (305) 908-2125

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

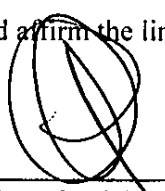
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Miami Hand Center, PL

2. This limited liability company was organized under the laws of:
State Of Florida

3. The Florida document/registration number of this limited liability company is:
L04000068046

4. I, Jorge L. Orbay, M.D., hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

**RESIGNATION FROM ALL POSITIONS WITH
MIAMI HAND CENTER, PL**

The undersigned hereby resigns all of his positions with Miami Hand Center, PL, a Florida limited liability company, including as tax matters partner, effective as of July 31, 2009. This document is intended to comply with any relevant provisions of the Articles of Organization of the company and with any relevant provisions of Florida law.

IN WITNESS WHEREOF, the undersigned has executed and delivered this resignation effective as of the date first written above.

A handwritten signature in black ink, consisting of several overlapping loops and a long vertical stroke extending downwards.

Jorge L. Orbay, M.D.