

LA5000053488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
2006 MAY 23 PM 3:04

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2006

FEDERICO MARTINEZ
12201 PEMBROKE RD
PEMBROKE PINES, FL 33025

SUBJECT: FLAMINGO HEALTHPARK & ASSOC. LLC
Ref. Number: L05000053488

We have received your document for FLAMINGO HEALTHPARK & ASSOC. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 306A00031808

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAMINGO HEALTH PARK ASSOC. LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FEDERICO MARTINEZ

(Name of Person)

(Firm/Company)

12201 PEBBROKE ROAD

(Address)

PEBBROKE PINES, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

FEDERICO MARTINEZ

(Name of Person)

at (954) 478-2911
(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

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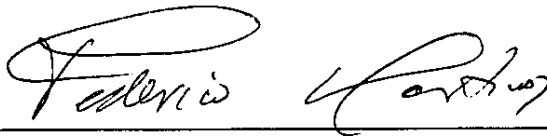
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, FEDERICO MARTINEZ, hereby resign as MANAGER
(Title) Member
of FLAMINGO HEALTH PARK & ASSOC, 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.



(Signature of resigning manager, managing member or member)

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

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