

L05000058556

(Requestor's Name)

(Address)

Ramon E. Vargas  
5013 Sweetwater Terrace  
Cooper City, Florida 33330

☐ PICK-UP

☐ WAIT

☐ MAIL

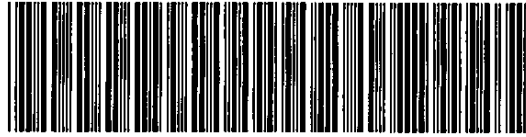
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/02/06--01017--013 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 17 PM 11:28

*but*

FF \$25  
CC 62.50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2006

RAMON E. VARGAS  
5013 SWEETWATER TERRACE  
COOPER CITY, FL 33330

SUBJECT: COMMUNITY MEDICAL AND URGENT CARE CENTERS, LLC  
Ref. Number: L05000058556

We have received your document for COMMUNITY MEDICAL AND URGENT CARE CENTERS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form. We are enclosing the proper form for you to complete and return to this office for processing.

The total amount due to file your member resignation is \$25. If you would like a refund of the \$52.50 overpayment, please submit a written request. The written request must include the name and address to whom the check should be mailed to and the name of the person the check should be made payable to.

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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 306A00058813

5013 Sweetwater Terrace  
Cooper City, Florida 33330  
Phone: (954) 434-7405

8 October 2006

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

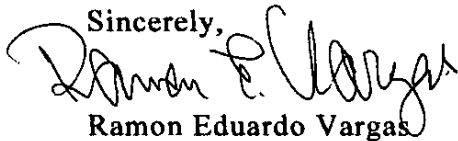
Subject: Member Resignation

Please find enclosed the correct and completed member resignation form for Community Medical and Urgent Care Centers, LLC. Please send me a check for the overpayment of \$52.50 made payable to Baby Butterfly, Inc, and mail to the following address:

5013 Sweetwater Terrace  
Cooper City, Florida 33330

If you have any questions, please do not hesitate to contact me.

Sincerely,



Ramon Eduardo Vargas

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Community Medical And Urgent Care Centers, 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:

Ramon Eduardo Vargas  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5013 Sweetwater Terrace  
(Address)

COOPER CITY, Florida 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon E. Vargas at (954) 558-6716  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Ramon Eduardo Vargas, hereby resign as Member  
(Title)  
of Community Medical and Urgent Care Centers, 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.

Ramon E. Vargas  
(Signature of resigning manager, managing member or member)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 17 PM 11:28

**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