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(Re	questor's Name)	
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SECRETARY OF STATE
VALLAHASSEE, FLORIDA

S. HAWKES
FEB 2 3 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Neuroszience	Associates of West Pasco ne of Limited Liability Company)
The enclosed member, managing me filing.	mber or manager resignation and fee(s) are submitted for
Please return all correspondence con	cerning this matter to:
Larry W. Hart (Contact Person)	on M.D.
Larry W. Horto (Firm/Company)	~ MD PA
1245 South Pi	oclias Ave
Tarpon Springs, (City/State and Zip Co	FL 34689 de)
For further information concerning t	his matter, please call:
Larry W. Horton M (Name of Contact Person)	at ( )27 ) 93 4- 7415 (Area Code & Daytime Telephone Number)
Enclosed please find a check made p \$25 Filing Fee	ayable to the Florida Department of State for:  \$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

CR2E079 (5/06)



## 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 con	npany as it appears	on the rec	ords of the	Florida Depa	rtment
		Associates				
2. This limited liabi	lity company was o	_	laws of:			
3. The Florida docu	ment/registration n		d liability	company i	s:	
4. 1, Larry (Print No	ame of Person Resigning	mo PA, herel	by resign	as aM	GRM (Print Title)	
of this limited liab	•	affirm the limited li	ability co	mpany has	been notified	of my
	<u>/</u>	)				
Signature of Resi	gning Member, Ma	waging Member or l	vianager			
Filing Fee:	\$25.00 (Require	ed)				
	\$30.00 (Optiona					