

L05000109Kdo

(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

APR 28 2009

EXAMINER

Office Use Only



600152675566

04/27/09--01064--004 \*\*50.00

FILED  
09 APR 27 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**THE  
PLANTE LAW GROUP, PLC**

806 NORTH ARMENIA AVENUE  
TAMPA, FLORIDA 33609  
(813) 875-5297 (TELEPHONE)  
(813) 879-5297 (FACSIMILE)  
WWW.THEPLANTELAWGROUP.COM

April 23, 2009

**Via US Mail**

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

**RE: Medfina of North America, LLC**

To whom it may concern,

Enclosed please find (1) Division of Corporations cover letter (2) Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company (3) Division of Corporations cover letter (4) Articles of Amendment to Articles of Organization (5) Filing fee in the amount of \$50.00 check number 1108 for the above referenced business.

Should you have any questions or concerns, please contact me directly at 813.875.5297.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise J. Morse".

Denise J. Morse, Paralegal

cc: Michael Molloy

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDFINA OF NORTH AMERICA, LLC  
(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:

ANTHONY J. LIVINGSTON, ESQUIRE  
(Contact Person)

THE PLANTE LAW GROUP, PLC  
(Firm/Company)

806 NORTH ARMENIA AVENUE  
(Address)

TAMPA, FLORIDA 33609  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY J. LIVINGSTON, ESQ. at ( 813 ) 875-5297  
(Name of Contact Person) (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: MEDFINA OF NORTH AMERICA, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000109866

4. I, REBECCA H. BRADLEY, 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.

Rebecca H. Bradley

Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

**FILED**  
**09 APR 27 AM 8:56**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA