

LD5000111878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

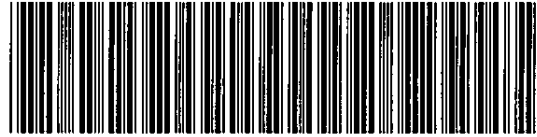
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300138518913

12/10/08--01012--006 **25.00

2008 DEC 10 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

DEC 11 2008

EXAMINER



Fort Lauderdale
Jacksonville
Los Angeles
Madison
Miami
New York
Orlando
Tallahassee
Tampa
Tysons Corner
Washington, DC
West Palm Beach

50 North Laura Street
Suite 2500
Jacksonville, Florida 32202-3646

www.akerman.com

904 798 3700 *tel* 904 798 3730 *fax*
904 634 1690 *31st floor fax*

Randal C. Fairbanks
904 598 8643 *direct tel*
904 598 3963 *direct fax*
randal.fairbanks@akerman.com

December 5, 2008

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


Re: Nemed Investments, LLC

Dear Sir:

Enclosed please find Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for the above named entity. Please find same in your records.

Also enclosed is check #27321 of Ednem Medical Services P.A. in the amount of \$25.00 for your filing fee.

Very truly yours,


Jane C. Odjakjian for
Randal C. Fairbanks

Enclosures

cc: Edsel J. Comenencia, M. D.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEMED INVESTMENTS, 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:

RANDAL C. FAIRBANKS, ESQ.
(Contact Person)

AKERMAN SENTERFITT
(Firm/Company)

50 N. LAURA ST., SUITE 2500
(Address)

JACKSONVILLE, FLORIDA 32202
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Odjakjian, Assistant to R. Fairbanks at (904) 798-3700
(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



FILED

2008 DEC 10 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Nemed Investments, LLC

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:
L05000111878

4. I, Edsel J. Comenencia, hereby resign as a MGRM
(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)