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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEC 1 8 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

Remedy Medical 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:

Suzanne Trout

(Contact Person)

Remedy Medical LLC

(Firm/Company)

2808 20 Mile Level Road

(Address)

Land O Lakes FL 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Trout

(Name of Contact Person)

at (<u>Area Code & Daytime Telephone Number)</u>

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as nedy Medical LLC	it appears on the records of the Flo	orida Department		
2. This limited liab	ility company was organized	l under the laws of:			
3. The Florida doce L050001147	-	f this limited liability company is:			
4. I, Linda Adamo (Print Name of Person Resigning)		, hereby resign as a Manage	_, hereby resign as a Manager (Print Title)		
of this limited lia resignation in wr		e limited liability company has bee	n notified of my		
Lind	a adam				
Signature of Res	gning Member, Managing N	Member or Manager	BIVE DEC 17		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				