# LOW 20836

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP. WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

D. BRUCE

NOV 1 3 2008

**EXAMINER** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: AMAZON	MEDICAL SERVICES LLC ame of Limited Liability Company)
The e		nember or manager resignation and fee(s) are submitted for
Please	e return all correspondence co	ncerning this matter to:
	ALFREDO V. Z (Contact Person)	AYAS
	AMAZON HED (Firm/Company)	ical Services LLC ALLS
	1221 SW 27 AVE (Address)	Suite 301  Suite 301  Suite 301
	Minni FL. 3 (City/State and Zip C	Suite 301  Suite 301  Suite 301  Suite 301
For fu	arther information concerning	•
	ALFREDO V. Zaya (Name of Contact Person)	at ( 305 ) 260-9177 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made \$25 Filing Fee	payable to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle massee, 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

November 3, 2008

ALFREDO V. ZAYAS 1221 SW 27 AVE SUITE 301 MIAMI, FL 33135-4759 US

SUBJECT: AMAZON MEDICAL SERVICES, LLC

Ref. Number: L06000020836

We have received your document for AMAZON MEDICAL SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 508A00055909

OR NOV 12 M 8: 56
SECRETARY OF STATE



### 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 it appears on mazon Medical Services	
2. This limited liab	ility company was organized under the law	· vs of:
	ument/registration number of this limited li	ability company is:
	TAN A. DE BIASE, hereby rame of Person Resigning) bility company and affirm the limited liabiliting.	
Signature of Res	gning Member, Managing Member or Mar	nager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILED  08 NOV 12 AM 8  SECRETARY OF ST/ TALLAHASSEE, FLO