

LD6000044897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

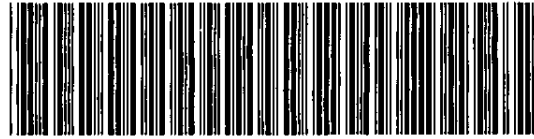
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900222420789

02/24/12--01018--004 **55.00

FILED
12 FEB 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 27 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arrhythmia Syncope Consultants, L.L.C.
(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:

Alberto Interian III, Esq.
(Contact Person)

(Contact Person)

(Firm/Company)

439 Sevilla Ave Unit 1

{Address}

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Interian III at (786) 317-7351
(Name of Contact Person) (Area Code & Daytime Telephone Number)

(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

CR2E079 (5/06)

FILED
12 FEB 24 PM 12:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

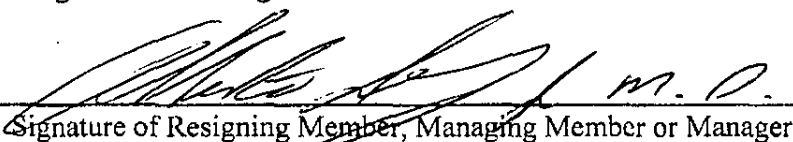
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Arrhythmia Syncope Consultants, LLC

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

3. The Florida document/registration number of this limited liability company is:
LO6000044897

4. I, Alberto Interian Jr. M.D., hereby resign as a Member 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.


Signature of Resigning Member, Managing Member or Manager

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

FILED
12 FEB 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA