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SECRETANT OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MONARCH MEDI	LAL-UGAL ASSOCIATES Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
ELLEEN LOGERS (Name of Person)	
MUNARCH MEDICAL-LEGAL AS	550C.
26510 BARRANQUILLA AV	<u>E</u>
PUNTA GORDA, FZ 33983	<u> </u>
For further information concerning this matter, pleas	se call:
EILEN ROGERS at (Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	\sqrt{I}
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	/ Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, EIVEEN P. LOGERS, hereby resign as MANAGING MEMBER
of MUNARCH MEDICAL-LEGAL ASSOCIATES, LLC, (Limited Liability Company)
a limited liability company organized under the laws of the State of FLOCIDA
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, panaging member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETAIRT OF STATE