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**EXAMINER** 



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SECRETARY OF A WAR

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Medical Consu, (Name of Lin	Itants Team LLC, A Professional
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Lael Desmond (Contact Person)	
(Firm/Company)	
PO BOX 62115	
(Address)	
Fort Myers, FL (City/State and Zip Code)	33906
For further information concerning this matter	er, please call:
Love / Des Mond (Name of Contact Person)	at ( <u>239</u> ) <u>222 - 011/</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	mited liability company as it areedical Consultants			
2. This limited liabili	ty company was organized und	ler the laws of:		
	nent/registration number of this		pany is:	
4. I, Debra F	e of Person Resigning)	_, hereby resign as a _	Managing Win Hile)	Member
resignation in writing	ity company and affirm the lim	<u>l</u>	y has been notific	ed of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			NAME OF COMPANY OF THE PROPERTY OF THE PROPERT