

Division of Corporations

LOG000121644

1/2

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H110001924123)))



H110001924123ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL - MIAMI OFFICE
Account Number : I20100000078
Phone : (305) 373-9445
Fax Number : (305) 373-9443

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 29 AM 9:38

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bbauer70@aol.com

RECEIVED
JUL 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
ORTHOPEDIC & SPINE CENTER OF SOUTH FLORIDA, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$85.00 |

J. SAULSBERRY
EXAMINER

AUG 1 2011

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H11000192412 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

B & C Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for Orthopedic & Spine Center of South Florida, LLC

Name of Limited Liability Company

L06000121644

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Gisela Fasco
Signature of Resigning Agent

If signing on behalf of an entity:

Gisela Fasco

Typed or Printed Name

Vice President

Capacity

FILED
2011 JUL 29 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

INHS17 (08/05)

Fax Audit No. H11000192412 3