

L07000069211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

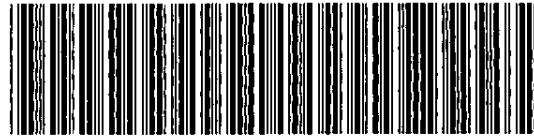
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400119769214

03/10/08--01057--012 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 10:54

J. BRYAN

MAR 11 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOCTORS HEARING CLINIC, LLC

(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:

DR. CRAIG SHAPIRO

(Contact Person)

DOCTORS HEARING CLINIC, LLC

(Firm/Company)

500 NO. HIATUS ROAD SUITE 101

(Address)

PEMBROKE PINES, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. SACKS

(Name of Contact Person)

at ( 954 ) 445-2527

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 10:54



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: DOCTORS HEARING CLINIC, LLC

2. This limited liability company was organized under the laws of:  
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L07000069211

4. I, PAULA LIEBESKIND, hereby resign as a MANAGING MEMBER  
*(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.

Paula Liebeskind

Signature of Resigning Member, Managing Member or Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 10:54