

L07000079523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Heartland Anesthesia LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000079523

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Risi

Name of Person

Risi Socla Anesthesia

Name of Firm/Company

19543 SW 39th Street

Address

Miramar FL 33029

City/State and Zip Code

fernandorivabem@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meg Gallo

954

825-0387

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Heartland Anesthesia LLC

2. The Florida document/registration number assigned to this limited liability company is:
L07000079523

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/12/19

4. I, Edwin Risi, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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