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Florida Department of State
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Fax Number : (850) 617-6383

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Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ
Account Number : 120050000131
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POLARIS HEALTHCARE SERVICES, PLLC

Certificate of Status	0
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M. Thomas APR 10 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polaris Healthcare Services, PLLC

(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:

Max A. Adams, Esq.

(Contact Person)

The Law Offices of Max A. Adams, Esq.

(Firm/Company)

10650 Paris St.

(Address)

Cooper City, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Geoffrey

(Name of Contact Person)

at (305) 887-9060

(Area Code & Daytime Telephone Number)

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Registration Section
Division of Corporations
Clifton Building
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



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: Polaris Healthcare Services, PLLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L07000091935

4. I, Francisco A. Kerdel, 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.



Signature of Resigning Member, Managing Member or Manager

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

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