

W800000228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

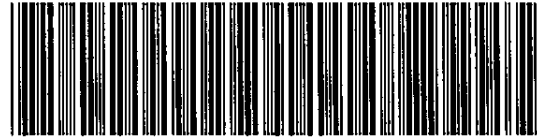
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300292135653

12/05/16--01048--027 \*\*100.00

EFFECTIVE DATE  
12/5

DEC 06 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC -5 PM 4:41

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOC Anesthesia Services LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Randall J. Wilke

(Contact Person)

LOC Anesthesia Services LLC

(Firm/Company)

3325 S. Lee Ave.

(Address)

Orlando, FL 32805

(City/State and Zip Code)

For further information concerning this matter, please call:

Randall J. Wilke

(Name of Contact Person)

at (407) 340-1436

(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

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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: LOC Anesthesia Services LLC

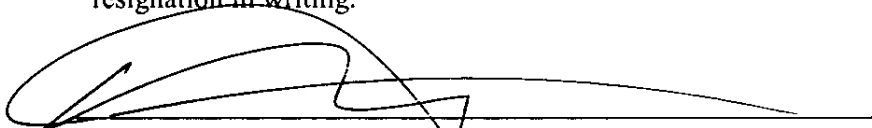
2. The Florida document/registration number assigned to this limited liability company is:  
L08000002728

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016

4. I, Michael B. Smith, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(Print Title)*

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

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Signature of Dissociating Member or Resigning Manager

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