

LO8 000015712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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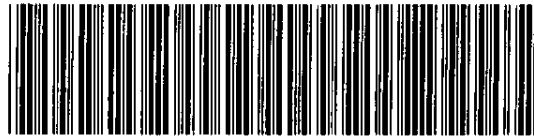
(Business Entity Name)

(Document Number)

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SECTION 11
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S. HAWKES

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EXAMINER



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50 North Laura Street
Suite 2500
Jacksonville, Florida 32202-3646
www.akerman.com

904 798 3700 *tel* 904 798 3730 *fax*
904 634 1690 *31st floor fax*

Randal C. Fairbanks
904 598 8643 *direct tel*
904 598 3963 *direct fax*
randal.fairbanks@akerman.com

December 9, 2008

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

Re: Curry Ford Medical Center, LLC

Dear Sir:

Enclosed please find Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for the above named entity. Please find same in your records.

Also enclosed is check #27384 of Ednem Medical Services P.A. in the amount of \$25.00 for your filing fee.

Very truly yours,


Jane C. Odjakjian for
Randal C. Fairbanks

Enclosures

cc: Edsel J. Comenencia, M. D.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURRY FORD MEDICAL CENTER, 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:

RANDAL C. FAIRBANKS, ESQ.

(Contact Person)

AKERMAN SENTERFITT

(Firm/Company)

50 N. LAURA ST., SUITE 2500

(Address)

JACKSONVILLE, FLORIDA 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Odjakjian, Assistant to R. Fairbanks at (904) 798-3700

(Name of Contact Person)

(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



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: CURRY FORD MEDICAL CENTER, LLC

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

3. The Florida document/registration number of this limited liability company is:
L08000015712

4. I, Edsel J. Comenencia, hereby resign as a MGRM
(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)