

**L08000021050**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF CORPORATIONS  
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C.L.  
1-27-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZEPHYRHILLS ANESTHESIOLOGY ASSOCIATES, 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:

MAX A. ADAMS, ESQ.

(Contact Person)

LAW OFFICES OF MAX A. ADAMS, ESQ PLLC

(Firm/Company)

325 ALMERIA AVENUE

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Perez

(Name of Contact Person)

at ( 305 ) 444-3484

(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

15 JAN 23 AM 10:44

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: ZEPHRYHILLS ANESTHESIOLOGY ASSOCIATES, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L08000021050

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-24-14

4. I, ALBERTO RAMIREZ, M.D., P.A., hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER/MEMBER

(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)