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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Women Rejuvenation Care, 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:
Frank Cirisano M.D.  (Contact Person)
C/o Comp. 6yn. Oncology 1A (Firm/Company)
1.0. Box 3026  (Address)
Hallandale, FL 33008  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 654 - 8555 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee   CL # 10 9 0  Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Registration Section
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  CR2E079 (5/06)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Cicetory (Stoo)



## 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 l	imited liability	company as	it appears	on the reco	rds of the Fl	orida D	epari	tment <u>C</u>
2. This limited liabil	ity company v i da	-		laws of:				
3. The Florida documents 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	111	211	•	,	, ,	er	,	Mense-
4. I, FRANK (Print Na	me of Person Re	IR ISANO	M), here	by resign as	s a <u>M G</u> (P	L   rint Title	<u>M£</u>	3R
of this limited liab resignation in writ	ility company							
Signature of Resig	ning Member	, Managing N	1ember or	Manager				
Filing Fee: Certified Copy:	\$25.00 (Rec \$30.00 (Opt	quired) tional)				SECRETARY OF	10 JAN 15 PM	FILEC

CR2E079 (5/06)