

**LD0000041480**

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

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

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

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

PICK-UP     WAIT     MAIL

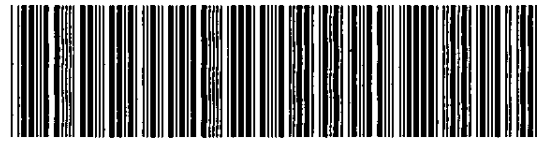
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:  
  
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APR - 3 2009  
**EXAMINER**

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03/31/09--01017--008 \*\*35.00

**FILED**  
09 APR -2 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FRANK C. AMATEA**  
**LAWYER**

(352) 732-4740  
FAX (352) 867-5111

500 N. E. EIGHTH AVENUE  
**OCALA, FLORIDA 34470**

March 30, 2009

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314-6327

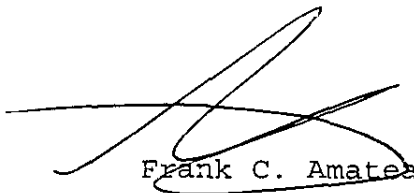
RE: Comprehensive Pain Management of Ocala, LLC  
Document Number: L08000041480

Ladies/Gentlemen:

Enclosed please find Resignation of Yili Zhou as a member of  
Comprehensive Pain Management of Ocala, LLC.

Enclosed is my office account check for the filing fee of \$35.00.

Very truly yours,



Frank C. Amatea

FCA:ejm  
Enclosure

cc: Comprehensive Pain Management

FLORIDA DEPARTMENT OF STATE

AFFIDAVIT OF RESIGNATION OF MEMBER

STATE OF FLORIDA

COUNTY OF MARION

I, YILI ZHOU, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, YILI ZHOU, hereby resign as a member of COMPREHENSIVE PAIN MANAGEMENT OF OCALA, LLC, a Florida limited liability company. That the company has been notified in writing of the resignation.

*[Handwritten Signature]*

YiLi Zhou

personally known or produced the following identification:

FL DL

Sworn to and subscribed before me, this 14th day of March, 2009.

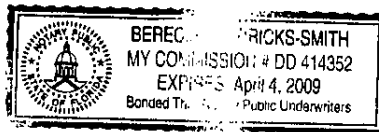
*Berecia D. Smith*

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My commission expires:

April 4, 2009

FILING FEE IS \$35.00



09 APR -2 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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