

LD80000041480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

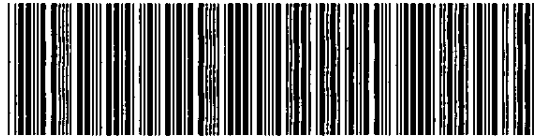
Special Instructions to Filing Officer:

L. SELLERS

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

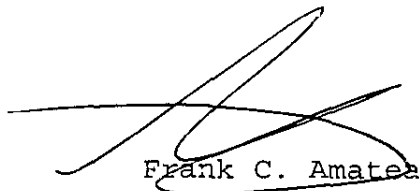
RE: Comprehensive Pain Management of Ocala, LLC
Document Number: L08000041480

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

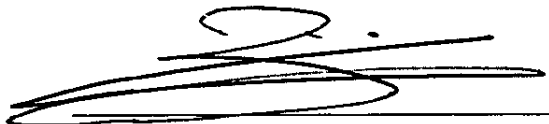
AFFIDAVIT OF RESIGNATION OF MEMBER

STATE OF FLORIDA

COUNTY OF MARION

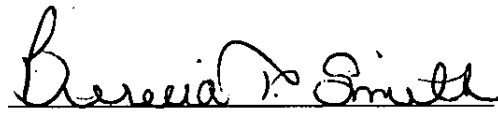
I, YILI ZHOU, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

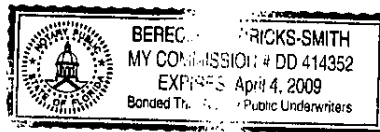
I, YILI ZHOU, hereby resign as a member of COMPREHENSIVE PAIN MANAGEMENT OF OCALA, LLC, a Florida limited liability company. That the company has been notified in writing of the resignation.


YiLi Zhou

☒ personally known or
☒ produced the following identification:
FL DL

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


NOTARY PUBLIC, STATE OF
FLORIDA AT LARGE
My commission expires:
April 4, 2009
FILING FEE IS \$35.00



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