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(Requestor's Name)				
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(Do	cument Number)			
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C. LEWIS

MAY 2 8 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: NORTH BROWARD CAR	RDIOLOGY, P.L.
	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MICHAEL KORDSMEIER	
(Contact Person)	
NORTH BROWARD CARDIOLOGY	γ, P.L.
(Firm/Company)	-
5901 COLONIAL DR, STE. 301	
(Address)	
MARGATE, FL 33063	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
MICHAEL KORDSMEIER at (954 984-9090
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Flor <u>ida</u> Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassas, Florida 32301	Tallahassee, Florida 32314
Tallahassee Florida 32301	

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it TH BROWARD CAR	• •	of the Florida Department
2. This limited liabili FLORIDA	ty company was organized u	nder the laws of:	
3. The Florida docum L080000442	nent/registration number of t	nis limited liability con	npany is:
4. I, CRAIG HOS	STIG MD ne of Person Resigning)	, hereby resign as a	MGRM (Print Title)
resignation in writing	ity company and affirm the		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		