

L08000048598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

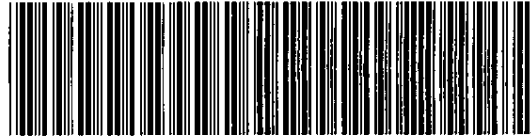
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TALLAHASSEE, FLORIDA

J. BRYAN

JUL 27 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Airport Medical Partners, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L08000048598

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRINA MARTIN
Name of Person

Airport Medical Partners, LLC
Name of Firm/Company

120 Airport Road Suite 1A
Address

Palm Coast, FL. 32164
City/State and Zip Code

TRINACM@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRINA MARTIN at (386) 316 0495
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

THOMAS N. COOKE, hereby resigns as
Name of Registered Agent

Registered Agent for AIRPORT MENIAL PARTNERS, LLC.

Name of Limited Liability Company

L08000048598
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

N/A
Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

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

DATED: 7-8-11

TO: Airport Medical Partners, LLC
1457 North US Highway 1, Suite 24
Ormond Beach, FL 32174

Please accept this letter as my Notice of Resignation as Registered Agent of Airport Medical Partners, LLC, (the "Company").

This Resignation shall be effective immediately.



Thomas Cooke

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TALLAHASSEE, FLORIDA