68000050401

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(city/citation_p/, nerve ii)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	





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T. CLINE

JUL 16 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Healthcare Media Solutions	
(Name of Limited Liab	oility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Todd Kessler	
(Contact Person)	
(Firm/Company)	
P.O. Box 458	
(Address)	
Indian Rocks Beach, FL 33785	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call: 715 209-6373
Todd Kessler	715 (209-6373 శ్రేద్ చ్
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability composition of State is:	any as it appears on the records of the Florida Department ons, LLC
This limited liability company was org The State of Florida	anized under the laws of:
3. The Florida document/registration num L08000050401	nber of this limited liability company is:
4. I, Todd Kessler	, hereby resign as a
4. I,(Print Name of Person Resigning)	(Print Title)
	firm the limited liability company has been notified of my
Signature of Resigning Member, Manag	ging Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	THE STATE OF THE S