

L08000108121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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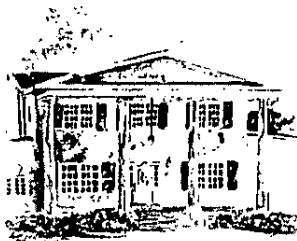
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FILED
09 APR 22 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 23 2009

EXAMINER



Clifford R. Rhoades, P.A.
Attorneys at Law

Clifford R. Rhoades
Michael L. Keiber

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April 20, 2009

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

RE: Florida Institute of Rejuvenation Medicine, LLC
Our File No.: 826.08.DGK

To Whom it May Concern:

Enclosed herewith is a Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company with regard to the above-referenced LLC.

Also, enclosed is our check in the amount of \$25.00 which represents the filing fee required.

Thank you and should you have any questions, please call.

Very truly yours,

Debra G. Komisar
Paralegal

Dk/
Encs.
cc: client

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA INSTITUTE OF REJUVENATION MEDICINE, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L08000108121

4. I, Kristina Ruiz, hereby resign as a Manager/Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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