

L08000110825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

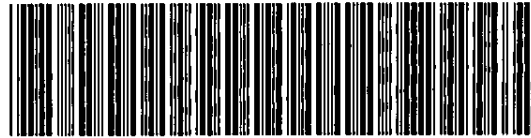
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 23 AM 8:02

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J. SAULSBERRY
EXAMINER

APR 25 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Medical Ventures, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000110825

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:

Mark S. Feluren
Name of Person

Genovese Joblove & Battista, P.A.
Name of Firm/Company

200 E. Broward Boulevard, Suite 1110
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

mfeluren@gjb-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Feluren at (954) 453-8000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE
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,

Mark S. Feluren

Name of Registered Agent

, hereby resigns as

Registered Agent for Southern Medical Ventures, LLC

L08000110825

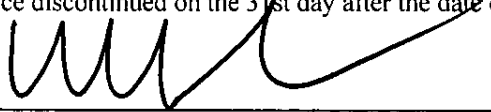
Name of Limited Liability Company

L08000110825

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 of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 23 AM 8:12

FILED

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