## L09000010932

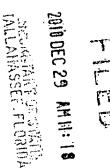
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(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
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C. LEWIS

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EXAMINER

## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
LIC CDINECARE COM	1116
SUBJECT: US SPINECARE.COM	I, L.L.O
	1 ,37
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Jared Emin	
(Contact Person)	
(Firm/Company)	
	. "
22720 Bella Rita Circle	
(Address)	<del></del>
Boca Raton FL 33433	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
· <u>-</u> .	
	<sub>t (</sub> 305 <sub>)</sub> 776-4566
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	ha Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
	ovining 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	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

FILED



2010 DEC 29 AM 11: 19

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 of State is: US SPINECARE.com, I	t appears on the records of the Florida Department L.L.C
2. This limited liability company was organized u	under the laws of:
3. The Florida document/registration number of the L09000010932	his limited liability company is:
4. I, Jared Emin (Print Name of Person Resigning)	, hereby resign as a Men here
resignation in writing.	limited liability company has been notified of my     Jec 27 2 = 1 C   cmber or Manager
Signature of Resigning Member, Managing Me	mber or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	