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SECRETARY OF STATE DIVISION OF CORPORATIONS

AUG 1 6 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (5/06)

SUBJECT: Medi Partners of South Florida, UC. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Dania Sancho (Contact Person)
The Elias Law Firm, PLLC (Firm'Company)
15500 New Barn Road, Suite 104
Miami Lakes, Fl 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
Dania Sancho. at (305) 403-0060  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee  □ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## **RESIGNATION**

wa.

I, LISA SAAVEDRA, hereby tender my resignation of any position or office I may hold in MEDI PARTNERS OF SOUTH FLORIDA LLC including specifically <u>Manager</u> and/or Member to take effect on today's date.

EXECUTED:	8/12/	, 2013.		
	Die 8	5 Samuela		
	LISA SAA	VEDRA		

STATE OF FLORIDA COUNTY OF MIAMI-DADE

T	he forego	ing instru	ment wa	s ackno	wledged bei	fore me th	is 12
	1 v Goot	2013	by	LISA S	AAVEDRA,	who is p	personally
known	\_\to	me	or		has		
				as	identification	n and who	did take
an oath.	,						

Notary Public, State of Florida

My Commission Expires:

Serial Number:

JESUS F. BLUAN
MY COMMISSION # EE 200763
EXPIRES: June 30, 2016
Bonded Thru Notary Public Underwriters

SECRE IAM DEPOSATIONS
DIVISION OF CORPORATIONS
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