

L09000022139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

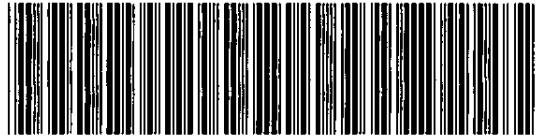
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09 APR 13 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 14 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
09 APR 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Sports Docs & Pain Management Center, LLC

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

Broward County, FL

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

L09000022139 3/6/09

4. I, Matthew Petruccelli, hereby resign as a Managing 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.

X [Signature] date 4/6/2009
Signature of Resigning Member, Managing Member or Manager
(954) 829-9588

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