## 10900026814

(Re	questor's Name)	
•	• •	
<u>· 8202 L</u>	iles Rd.	#50 L 33067_
(Adi	aress)	
_Coral Sc	rings, E	1_33067
(AU)	dress) / '	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	C JAKAIT	□ MAD
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	
(Document Number)		
•		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
opeoidi mondonono to	i iiiig omooi.	

Office Use Only.

CK\$30.00



000161756300

10/20/09--01026--030 \*\*30.00

FILED 2009 OCT 21 AM 11: 02 SECRETARY OF STATE SECRETARSEE, 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: <u>9</u>	EMERAL SURGERY OF PALM BEACH, LLC.
	ility company was organized under the laws of:
3. The Florida docu	iment/registration number of this limited liability company is:
H119e	a Health SVC MGRA
4. I,	hereby resign as a Hygea Health SUO
(Print N	ame of Person Resigning)     \text{(Print Title)}
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
_	
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)