L09000026814

(Requestor's Name)					
(Address)					
, , , , , , , , , , , , , , , , , , ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



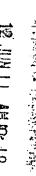
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B. KOHR JUN 1 3 2012 EXAMINER





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GENERAL SURGERY OF PA	
(Name of Limited Liability	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted f
Please return all correspondence concerning this matte	er to:
DAMARIS PEREZ	
(Contact Person)	
GENERAL SURGERY OF PALM BEAC	<u>H L</u> LC
(Firm/Company)	
3319 STATE RD 7, SUITE 207	
(Address)	
WELLINGTON, FL 33449	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
DAMARIS PEREZ at (56	31 ₎ 2483087
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301







RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i		
2. This limited liab	vility company was organized	under the laws of:	
3. The Florida doc L09000020	ument/registration number of 6814	this limited liability com	npany is:
_{4. I,} MARISA E	GONZALEZ	, hereby resign as a	MGRM
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compar	ny has been notified of my
<u>Unarios</u>	E. Gennaly		
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		