(Requ	iestor's Name)
(Addre	ess)
(Addre	ess)
(City/5	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	

A. LUNT

NOV 1 6 2009

EXAMINER

Office Use Only



900162344469

11/12/09--01047--003 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NUVERUS, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
RANDY M. GOLDBERG, ESQUIR	<u>E</u>
(Contact Person)	
(Firm/Company)	S_GRETARY OF STARLAHASSEE, FLOR
2001 CW 140TH AVENUE CHITE	140 25 25 27 27 27 27 27 27 27 27 27 27 27 27 27
2901 SW 149TH AVENUE, SUITE	140 P
(Address)	077. S
MIRAMAR, FL 33027	OA S
(City/State and Zip Code)	
For further information concerning this matter,	please call:
RANDY M. GOLDBERG	(_754) 224-0867
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
✓ \$25 Filing Fee	\$55 Filing Fee &
	Certified 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)



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 a of State is: NUVERUS, LLC	appears on the records	of the Fl	orida De		ent _·
2. This limited liability company was organized un STATE OF FLORIDA	nder the laws of: 		SEURE ARY	2009 NOV 12	por Por
3. The Florida document/registration number of th L09000035110	is limited liability com 	ipany is:	OF STATE	PM 2: 58	2 m
_{4. I,} GERALD G. GLASS	_, hereby resign as a	MANA	GER		
(Print Name of Person Resigning)		(Pi	rint Title)		_
of this limited liability company and affirm the li resignation in Writing. Signature of Resigning Member, Managing Mem		ny has bee	en notifi	ed of r	ny
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	loci oi ivialiagei				