

LD9000093303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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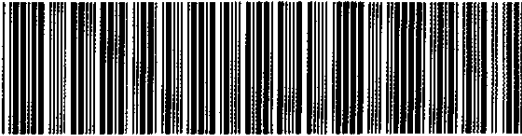
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399  
2010 NOV 22 P 4: 28

FILED

PA Resign  
Tewer  
11-30-10

**COVER LETTER**

**TO:** Amendment Section  
\* Division of Corporations

**SUBJECT:** Semi Doctors LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000093303

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Rozzo  
Name of Person

SEMI DOCTORS LLC  
Name of Firm/Company

5643 AUTUMN CHASE CIR  
Address

SANFORD FLORIDA 32773  
City/State and Zip Code

JERRYANDVELA@CFL.RR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD THOMAS at ( 407 ) 466-8512  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

VIOLETTA G THOMAS

Name of Registered Agent

, hereby resigns as

Registered Agent for

SEMI DOCTORS LLC

Name of Limited Liability Company

L09000093303

Document Number, if known

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Violetta Thomas

Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314