

L 09000093303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

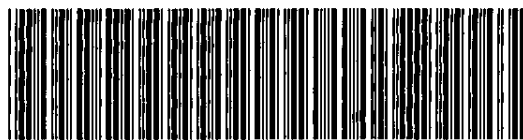
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
Letter # 310A00028022

Office Use Only



200188251562

200188251562  
12/01/10--01018--013 \*\*25.00

FILED  
2010 DEC -1 AM 11:29  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
DEC 2 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

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

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Paul Rozzo  
(Contact Person)

Semi Doctors LLC  
(Firm/Company)

297 Power CT  
(Address)

Sanford FL.32771  
(City/State and Zip Code)

FILED  
2010 DEC -1 AM 11:29  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul Rozzo at ( 321 ) 303-6118  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

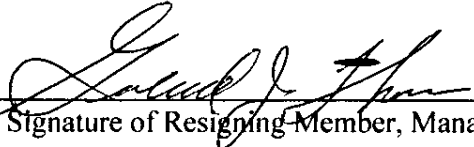
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Semi Doctors LLC

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

3. The Florida document/registration number of this limited liability company is:  
L09000093303

4. I, Gerald J Thomas, hereby resign as a mgr  
*(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.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

FILED  
2018 DEC -1 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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