

LOG 000098938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

JUL - 7 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2011

DEREK SUNDERLAND  
100 PARK PLACE BLVD SUITE 201  
KISSIMMEE, FL 34741

SUBJECT: MID FLORIDA MEDICAL & CHIROPRACTIC CENTER LLC  
Ref. Number: L09000098938

We have received your document for MID FLORIDA MEDICAL & CHIROPRACTIC CENTER LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 311A00012206

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mid Florida Medical & Chiropractic Center

(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:

Derek Sunderland

(Contact Person)

Mid Florida Medical & Chiropractic Center

(Firm/Company)

100 Park Place Blvd Suite 201

(Address)

Kissimmee, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Derek Sunderland

(Name of Contact Person)

at ( 407 ) 908-1440

(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  
Chen Building  
266 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

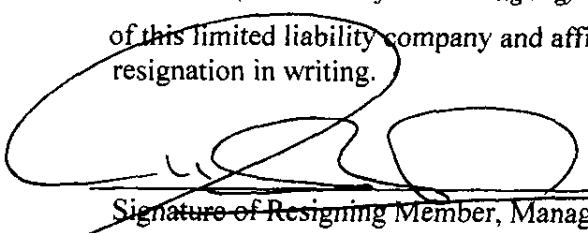
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Mid Florida Medical & Chiropractic Center LLC

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

3. The Florida document/registration number of this limited liability company is:  
L09000098938

4. I, Yvonne Sunderland, hereby resign as a Member  
(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

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

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