L09000110968

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A. LUNT

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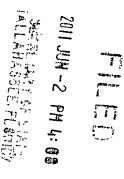
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Pasteur Medical Cutle	er Bay, LLC	
20201011	mited Liability Company)	
The enclosed member, managing member or filing.	or manager resignation and fee(s) are submitted for	•
Please return all correspondence concerning	g this matter to:	2011 111N -2
Thomas O. Wells, Esq.	The Life Control of the Li	=
(Contact Person)	Constitution of the consti	->
Thomas O. Wells, P.A.	ਾਹ ^{(ਜਹ} ੇ ਨਹੀਂ ਹਵਾਲੇ ਨਹੀਂ ਹਵਾਲੇ ਵਿ	∵ 3€
(Firm/Company)		F.
540 Biltmore Way	्रा ^{स्तर} ्ष	0.0
(Address)		
Coral Gables, FL 33134		
(City/State and Zip Code)		
For further information concerning this matter	ter, please call:	
Thomas O. Wells	at (305) 444-0016	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$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 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: Past	mited liability company as it appears of eur Medical Cutler Bay, LLC ty company was organized under the l		JJM-2 PM	Section 2
3. The Florida docu L090001109	nent/registration number of this limited	l liability company is:		•
4. I, Manuel A. E	nriquez , hereb	y resign as a MGRM	l, effective as o	of 5/23/11 -
•	ity company and affirm the limited lia	•	•	ay
Signature of Resign	ing Member, Managing Member or M	lanager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·		

CR2E079 (5/06)