## L0900014386

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(Ac	ldress)	
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(		
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T. HAMPTON DEC 2 9 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: Florida Comprehensive C	Cancer Network, LLC
(Name of Limited	l Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
John Kancilia	
(Contact Person)	
Gray Robinson, P.A.	
(Firm/Company)	
1795 West NASA Blvd.	
(Address)	
Melbourne, FL 32901	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
John Kancilia	t 321 727-8100
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for:
X \$25 Filing Fee	\$55 Filing Fee &
au	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
rananassee, fiorida <i>Jeb</i> vi	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	s it appears on the records of the Florida Department
of State is: Florida Comprehensive	Cancer Network, LLC
<ol><li>This limited liability company was organized</li></ol>	d under the laws of:
Florida	
	<del></del>
3. The Florida document/registration number o	f this limited liability company is:
L09000114386	
	<del></del>
<sub>4. I.</sub> Lynn Mallak	, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm th	ne limited liability company has been notified of my
resignation in writing.	, , ,
& land	
IN MAN L	
Signature of Pagigning Member Managing N	Jambar on Managar
Signature of Resigning Member, Managing N	Member of Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)