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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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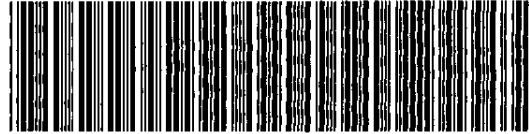
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TBrown 6-21-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPINE CENTER OF SOUTH FLORIDA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1000004705

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:

JEFFREY L. COHEN

Name of Person

FLORIDA HEALTHCARE LAW FIRM

Name of Firm/Company

909 SE 5TH AVE STE 200

Address

DELRAY BCH, FL 33483

City/State and Zip Code

JCOHEN@FLORIDAHEALTHCARELAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY L. COHEN

Name of Person

at (561) 455 7700

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2011

JEFFREY L COHEN
FLORIDA HEALTHCARE LAW FIRM
909 SE 5TH AVE STE 200
DELRAY BEACH, FL 33483

SUBJECT: SPINE CENTER OF SOUTH FLORIDA LLC
Ref. Number: L10000014705

We have received your document for SPINE CENTER OF SOUTH FLORIDA LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 411A00014268

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,

JEFFREY L. COHEN

Name of Registered Agent

, hereby resigns as

Registered Agent for

SPINE CENTER OF SOUTH FLORIDA LLC

Name of Limited Liability Company

L1000004705

Document Number, if known

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 20 AM 9:10

FILED

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