

L10000031007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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10 MAY 24 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 25 2010

EXAMINER

May 17th 2010

Attention: DeviceDoctors LLC

From: Thomas Pla

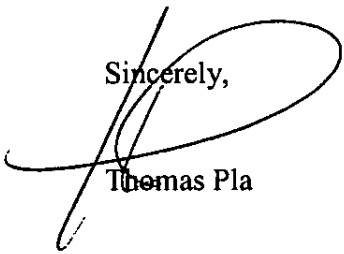
Re: Resignation

Effective immediately, I hereby tender my resignation as a Managing Member of Device Doctors LLC.

Attached please find the documents filed with the Florida Division of Corporations regarding this action.

I wish the remaining owners the best of luck in their future endeavors.

Sincerely,


Thomas Pla

cc. Florida Division of Corporations.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEVICE 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:

THOMAS PLA
(Contact Person)

DEVICE DOCTORS
(Firm/Company)

15346 SW 113 TERRACE
(Address)

MIAMI, FL 33196
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THOMAS PLA at (305) 283-2878
(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: DEVICE 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:

L10000031007

4. I, THOMAS PLA, hereby resign as a MANAGING 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]
Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA