

L100000041993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

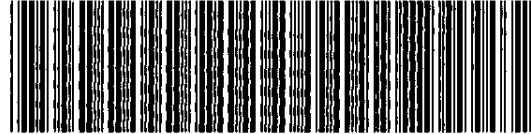
Special Instructions to Filing Officer:

A. LUNT

JUN -1 2010

EXAMINER

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FILED
2011 MAY 31 PM 1:18
STATE OF FLORIDA
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Fraud Defender, 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:

Trevor I. Briede

(Contact Person)

(Firm/Company)

2338 Immokalee Road #309

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Trevor I. Briede

(Name of Contact Person)

at (239) 580-7012

(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

FILED
2011 MAY 31 PM 1:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



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: Medical Fraud Defender, 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:
L10000041993

4. I, Trevor I. Briede, 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 of Resigning Member, Managing Member or Manager

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

FILED
2011 MAY 31 PM 1:18
TAMMSESS, FLORIDA

May 24, 2011

Trevor I. Briedé
2338 Immokalee Road #309
Naples, Florida 34110

Carrie Kerskie
5051 Castello Drive #39
Naples, Florida 34103

RE: LETTER OF RESIGNATION FROM MEDICAL FRAUD DEFENDER, LLC

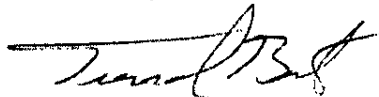
Ms. Kerskie:

This letter serves as my resignation as a Managing Member/Member of Medical Fraud Defender, LLC. As such, and effective as of the date of this letter, I expect to be released from association and all liability associated with Medical Fraud Defender, LLC and its affiliated companies, if any.

I have prepared the proper forms to be filed with the Florida Department of State, Division of Corporations (CR2E079) and have attached a copy hereto for your records. Upon your receipt of this letter, I can affirm that the company has been notified and I will sign and submit the form for processing. Any acknowledgements will be forwarded to you for company records.

I wish you the best of luck in your future endeavors.

Sincerely,



Trevor I. Briedé

2011 MAY 3 11:10 AM
FILED
TALLAHASSEE, FLORIDA
STATE