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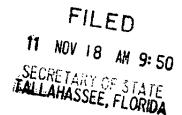
COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: E-MED PROVIDERS, LLC	
(Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
ITORO ETUKS	
(Contact Person)	
EMED PROVIDERS, LLC	_
(Firm/Company)	
9900 W SAMPLE RD. STE. 307	_
(Address)	
CORAL SPRINGS, FL. 33065	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ITORO ETUKS at (786 (Area Code	333-3017 & Daytime Telephone Number)
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$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

	limited liability company as MED PROVIDERS,	it appears on the records of the Florida Depart	ment
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc 	•	this limited liability company is:	
,	RT OKPOKPO Jame of Person Resigning)	, hereby resign as a MEMBER (Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of	f my
Signature of Res	igning Member Managing N	Jember or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		