

L10000094192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

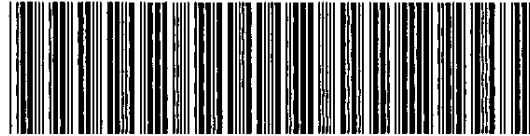
Special Instructions to Filing Officer:

A. LUNT

JUL 23 2011

EXAMINER

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2012 JUL 20 09:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMS WEST ORTHOPEDIC & NEUROLOGY ASSOC 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:

DR. JON ARNSTEIN,
(Contact Person)

PALMS WEST ORTHOPEDIC & NEUROLOGY ASSOC LLC
(Firm/Company)

11985 SOUTHERN BLVD. STE 201
(Address)

ROYAL PALM BEACH, FL. 33411-7619
(City/State and Zip Code)

For further information concerning this matter, please call:

JON ARNSTEIN, M.D. at (561) 234-6599
(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

FILED
2012 JUL 20 PM 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
2012 JUL 20 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PAUMS WEST ORTHO PEADICS AND NEUROLOGY ASSO, 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: EIN: 27-345510
4. I, Alberto Marante, hereby resign as a 25% OWNER
(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)