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(Re	questor's Name)	
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(City	y/State/Zip/Phone	: #)
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D. BRUCE
APR 15 2011
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: EHR SOLUTIONS GROUP	P, LLC	
(Name of Limited L	iability Company)	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for	
Please return all correspondence concerning this i	natter to:	
GARY FROONJIAN		
(Contact Person)		
(Firm/Company)		
4801 NW 27TH AVE		
(Address)	AP T	
BOCA RATON, FL 33434	APR IL	
(City/State and Zip Code)		
For further information concerning this matter, pl	- The second sec	
GARY FROONJIAN	E61 70000EE To	
	Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassos, Florida 5257	

CR2E079 (5/06)



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 Flo	orida Dep	artme	ent
of State is: EHR SOLUTIONS GROUP, LLC	، عُقَ		
2. This limited liability company was organized under the laws of: FLORIDA	CUNETARY OF S	APR 14 PAIZE	
3. The Florida document/registration number of this limited liability company is: <u>L1000097707</u>	TATE ORIDA	÷ 20	
4. I, GARY FROONJIAN , hereby resign as a MANA	GER		_
(Print Name of Person Resigning) (P	rint Title)		
of this limited liability company and affirm the limited liability company has been resignation in writing. Signature of Resigning Member, Managing Member or Manager	en notifie	d of n	ny
Filing Fee: \$25.00 (Required)			