

L110000632454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

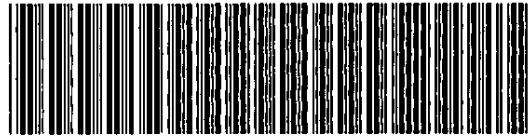
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2011 OCT -3 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT -4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Ventures 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:

Patricia M Sternberg
(Contact Person)

Healthcare Ventures LLC
(Firm/Company)

2590 Ranch Club Blvd.
(Address)

Myakka City, Fl. 34251
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Sternberg at (239) 597-5530
(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**

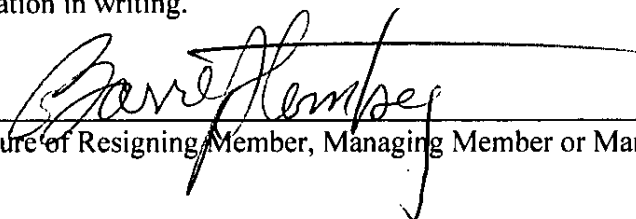
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Healthcare Ventures LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L11000032454

4. I, Barry Sternberg, hereby resign as a MGRM
(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)

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2011 OCT -3 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

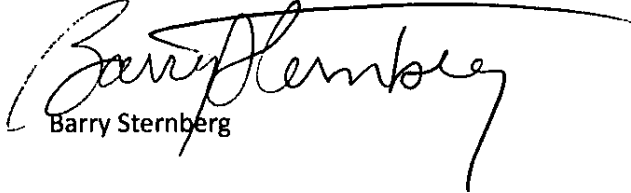
Barry Sternberg
2590 Ranch Club Blvd.
Myakka City Fl. 34251
RE: Resignation

September 26, 2011

Dear Patricia Sternberg,

This is to hereby notify you that effective immediately, I Barry Sternberg, beginning today September 26, 2011 officially tender my resignation as MGMR (Managing Member) for Healthcare Ventures LLC, 2590 Ranch Club Blvd., Myakka City Fl. 34251. I will no longer have any role in the affairs of Healthcare Ventures LLC.

Thank you,


Barry Sternberg

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TALLAHASSEE, FLORIDA