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J. SAULSBERRY EXAMINER

DEC 7 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ZED Healthcare LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager r filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Zachary M. Albright	
(Contact Person)	
ZED Healthcare LLC	HI DEC -5
(Firm/Company)	
·2911 N. Woodard St.	SEE, F
(Address)	*=*** L.Z.J.,
Chicago, IL 60618	9: 25 PRIDA
(City/State and Zip Code)	·
For further information concerning this matter, please c	all:
Zachary Albright at ( 707	<u>622-5873</u>
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	la Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a HEALTHCARE LLC	s it appears on the records of the	ne Florida Department		
2. This limited liabi FLORIDA	lity company was organize	d under the laws of:			
3. The Florida docu L110000561	_	of this limited liability company	is:		
4. I, JOSE MIGUEL GOMEZ  (Print Name of Person Resigning)  of this limited liability company and affirm the limit			, hereby resign as a MEMBER  (Print Title)		
resignation in writ	howest				
Filing Fee: Certified Copy:	sning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	Member or Manager	2011 DEC -5 AM 9:25 SECRETARY OF STATE ALLAHASSEE. FLORIDA		

CR2E079 (5/06)