L12000003682

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(Ad	ddress)				
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J. SAULSBERRY EXAMINER

NOV 2 2012

Onelia Fajardo 13615 SouthDixie Highway S311 Miami, Fl 33176 F6 Doc " L12000003682

October 29, 2012

Registration Section Division of Corporations P. O. Box 6327 Miami, Fl 32314

RE: MIAMI DADE MEDICAL RESEARCH INSTITUTE, LLC DIRECTORS REMOVAL CORRECTION

(1) Please note that there was a filed amendment, copy attached, dated June 5 2012 to remove Angelo Langiani and Hector S Rodriguez. Instead you listed twice Hector Rodriguez. Hector S Rodriguez and Hector Rodriguez is the same person. **ACTION:** Hector S Rodriguez must be removed from the LLC

(2) Together with Carlos Sanchez there was documentation sent for removal of Carlos Sanchez and Yvette Rodriguez. Only Carlos Sanchez was removed. Apparently Yvette Rodriguez's documentation sent together with Carlos Sanchez's documents were misplaced and no action has been taken, as of today. ACTION: Remove Yvette Rodriguez from the LLC. (Resignation letter and Documents attached again.

In summary, the only name in the LLC is Onelia Fajardo, Managing Member

Mailing Address: 13615 South Dixie Highway, S311, Miami, Fl 33176

Site address: 2742 SW 8 St, S207, Miami, Fl 33135

All correspondence related to this matter must be sent to mailing address: Miami Dade Medical Research Institute, LLC Dr Onelia Fajardo 13615 SouthDixie Highway S311 Miami, Fl 33176

Your prompt attention to this matter is greatly appreciated.

Thank You.

Onelia Fajardo

Cell 305 7261653/

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Miami Dade Medical Re	· ··		
(Name of Limit	ed Liability Company) 2/2000003682		
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted fo		
Please return all correspondence concerning the	nis matter to:		
Onelia Fajardo-Garcia, Managing	Member		
(Contact Person)			
Miami Dade Medical Research Ins	stitute, LLC		
(Firm/Company)			
13615 SouthDixie Highway #311			
(Address)			
Miami, Florida 33176	ਰਾ *		
(City/State and Zip Code)			
For further information concerning this matter	, please call:		
Onelia Fajardo-Garcia	at (305 ₎ 726-1653		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	the 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		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

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 as it appearing Dade Medical Research			a Depar	tmen
2. This limited liability company was organized und State of Florida				SECPLIARY (1-434 ZB
3. The Florida doct	ment/registration number of this li	mited liability com	pany is:	FLORIDA	60
4. I, vette Roc	driguez, }	nereby resign as a _	Manager	Citle)	
of this limited lial resignation in wr	lity company and affirm the limite		(Print 1 y has been no	•	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				