L12000031757

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. LEWIS
APR 27 2012
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

**FILING COVER SHEET**
**ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 04/26/2012

**REF. #:** 002085.165535

**CORP. NAME:** SUNSHINE ASSISTANT, LLC

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

(XX) OTHER: RESIGNATION OF MEMBER, MANANGING MEMBER OR MANAGER

**STATE FEES PREPAID WITH CHECK#** 544210 **FOR $** 55.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

_____ **COST LIMIT: $**_____

**PLEASE RETURN:**

(XX) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE ASSISTANT, LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and letter are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA D. RODRIGUEZ
(Contact Person)

MEDICAL BILLING CONSULTANTS, INC.
(Firm/Company)

717 PONCE DE LEON BLVD SUITE 204
(Address)

CORAL GABLES, FLORIDA 33134
(City, State and Zip Code)

For further information concerning this matter, please call:

MARIA D. RODRIGUEZ at ( 305 ) 463-6690
(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

CR2E056 (5/95)

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TALLAHASSEE, FLORIDA

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: SUNSHINE ASSISTANT, 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: L12000031757

4. I, HERNAN MATALLANA, M.D., hereby resign as a MEDICAL DIRECTOR
*(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)

CR2E079 (5/09)