

L12000031757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

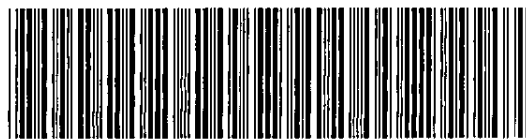
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/27/12--01001--019 **55.00

RECEIVED
12 APR 26 PM 4:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 APR 26 AM 10:35
SECRETARY OF STATE
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 | | |

☒ OTHER: RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

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

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ 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 test(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA D. RODRIGUEZ

(Contact Person)

MEDICAL BILLING CONSULTANTS, INC.

(Firm's 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

(Name of Contact Person)

at 305 463-6690

(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
Chifon Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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12 APR 26 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

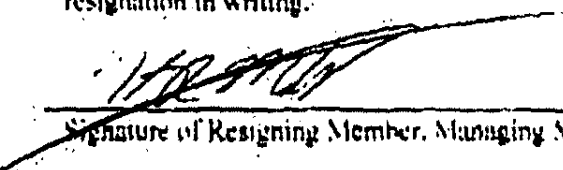
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUNSHINE ASSISTANT, LLC.

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 MATAALLANA, 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)