L13000003437

(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



600253973696

12/02/13--01031--028 **25.00

2014 FEB - 7 PM I2: 48

FEB 10 2014 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2013

JUDITH NEWMAN 1557 RITCHIE LANE ANNAPOLIS, MD 21401

SUBJECT: FANSLER ANTERIOR SPINAL ACCESS, P.L.

Ref. Number: L10000065423

We have received your document for FANSLER ANTERIOR SPINAL ACCESS, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II Letter Number: 913A000275

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Fanshaw M				
(Name of Limited Liability Com	pany)			
The enclosed member, managing member or manager resign filing.	nation and fee(s) are subm	itted f	or	
Please return all correspondence concerning this matter to:				
Judith Newman				
(Contact Person)	-			
(Firm/Company)	-			
		Ez)II2	
1557 Ritchie Lane		製造		•
(Address)	_	2	ίας Ένα	•
Annapolis, MD 21401	_	87 GF	1014 FEB -7 PH 12: 4	ſ
(City/State and Zip Code)		85. S. S. S	$\ddot{\Sigma}$	1
For further information concerning this matter, please call:	ţ		84	
Milton Goldman at 408	221-1255			
	& Daytime Telephone Num	ber)		
Enclosed please find a check made payable to the Florida D	epartment of State for: 655 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



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	f the Florida Department
of State is: 1	1421100 1-1		 , .
2. This limited liab	ility company was organized u	under the laws of:	
3. The Florida docu	iment/registration number of to	his limited liability compa	any is:
4. I, Judy (Prim N	h Neuman ume of Person Resigning)	, hereby resign as a	MMGR (Print Title)
of this limited lial resignation in wri	oility company and affirm the ting.	limited liability company	has been notified of my
Tuda	then_		
Signature of Resi	gning Member, Managing Me	mber or Manager	ANA WAR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PHIST TO STATE OF STA