

# L13000038012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

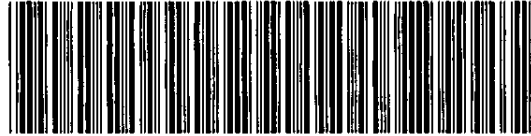
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500274715935

07/09/15--01020--003 \*\*35.00

**FILED**  
2015 JUL 20 A 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015

J BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2015

JASON ALPERSTEIN  
KOPELOWITZ OSTROW, P.A.  
200 SW 1ST AVE., SUITE 1200  
FORT LAUDERDALE, FL 33301

SUBJECT: FOURSURGEONS.COM LLC  
Ref. Number: L13000038012

We have received your document for FOURSURGEONS.COM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

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

Deborah Bruce  
Regulatory Specialist II

Letter Number: 715A00014457

2015 JUL 20 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FourSurgeons.com LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L130000038012

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Alperstein, Esq.  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

200 SW 1st Ave., Suite 1200  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

alperstein@kolawyers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Alperstein at (954) 525-4100  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

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

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2015 JUL 20 A 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jason Alperstein, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for FourSurgeons.com LLC

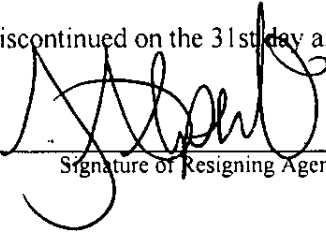
Name of Limited Liability Company

L13000038012

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

**FILED**  
2015 JUL 20 A 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314