

L14000033522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

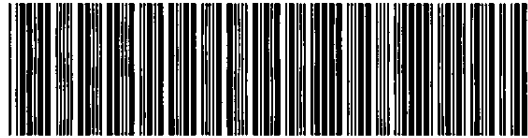
(Business Entity Name)

(Document Number)

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09/08/14--01033--009 **25.00

14 SEP -8 PM 1:36

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** FL. BOARD CERTIFIED
BUSINESS LITIGATION AND
CONSTRUCTION LAW

September 4, 2014

Via Regular Mail

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Re: Seminole Pain Care, LLC

Dear Sir or Madam:

Enclosed please find a Resignation of Manager from Florida Limited Liability Company for Seminole Pain, Care, LLC, together with our firm's check in the amount of \$25.00 for filing fees. If you need any additional information to process this resignation, please contact our office.

Sincerely,

Amanda Douglas
Paralegal

/amd

Enclosure

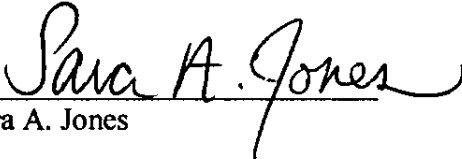
cc: James L. O'Brien

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MANAGER
FROM
FLORIDA LIMITED LIABILITY COMPANY**
(Pursuant to Section 605.0216 of the Florida Statutes)

14 SEP -8 PM 1:36

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Seminole Pain Care, LLC.
2. The Florida document number assigned to this limited liability company is: L14000033522.
3. The date this Manager resigned is: August 15, 2014.
4. I, Sara A. Jones, hereby resign as a Manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Sara A. Jones