

L14000092129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

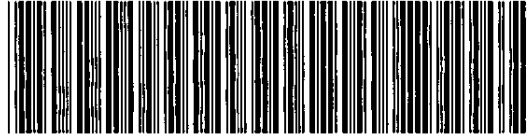
(Business Entity Name)

(Document Number)

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

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15 JUL 14 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 2015  
T. HAMPTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE CENTER FOR NEUROSURGICAL EXCELLENCE, LLC (FL. DOM.)  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000092129

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:

THERESA ALFIERI

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA ALFIERI

Name of Person

at ( 212 ) 894-8516

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

INHS17 (12/13)

June 29, 2015

RE: HOSPITALIST MEDICINE PHYSICIANS OF  
ESCAMBIA COUNTY, PLLC (FL. DOM.)  
THE CENTER FOR NEUROSURGICAL EXCELLENCE, LLC (FL. DOM.)  
VENUE SARASOTA INVESTORS, LLC (GA. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$255.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (mn)*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/mn  
Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T Corporation System, hereby resigns as  
Name of Registered Agent

Registered Agent for THE CENTER FOR NEUROSURGICAL EXCELLENCE, LLC (FL. DOM.)

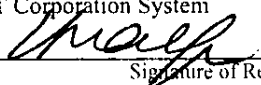
\_\_\_\_\_  
Name of Limited Liability Company

L14000092129

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.

C T Corporation System  
By:   
Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri  
Typed or Printed Name  
Assistant Secretary  
Capacity

### FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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

INHS17 (12/13)

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