L14000093404

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
, DICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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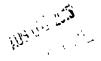


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2015 AUG - 3 P 3: 2 SECRETARY OF STATE





July 30, 2015

DR. THOMAS ROUSH 3618 LANTANA RD, STE 201 LAKE WORTH, FL 33462

SUBJECT: CENTRAL ORTHOPEDICS AND NEUROSURGICAL LLC

Ref. Number: L14000093604

We have received your document for CENTRAL ORTHOPEDICS AND NEUROSURGICAL 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 or 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: 915A00016019

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations				
Central Orthopedics & N	eurosurgeny II (•		
SUBJECT:				_
(Name of	f Limited Liability Cor	npany)		
The enclosed member, resignation or dis	sociation and fee(s	s) are submitted	for filing.	
Please return all correspondence concern	ning this matter to:			
Thomas Roush, M.D.				
(Contact Person)		_		
(Firm/Company)		_		
(i intecompany)				
3618 LANTANA RD, SUITE 201				
(Address)		_	SECTOR	
LAKE WORTH, FLORIDA 33462			2015 AUG -3 SECRETARY ALLAHASSE	
(City/State and Zip Code)		<u>-</u>	mo	
For further information concerning this r	natter, please call:			C
THOMAS ROUSH, M.D.	561 at (296-2450	23 IDA	
(Name of Contact Person)	(Area Code	& Daytime Tele	ephone Number)	_
Enclosed please find a check made payal ☐ \$25 Filing Fee		Department of S 3 Fee & Certifie		
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as		-
2. The Florida doct L1400009360	ument/registration number as 4	ssigned to this limited liab	ility company is:
Thomas Po	mber/manager withdrew/resingh, M.D. Tame of Person Resigning)		
Manager	(Print Title) bility company and affirm th		
resignation in wr	iting.		
Filing Fee:	ssociating Member or Resigns \$25.00 (Required) \$30.00 (Optional)	ning Manager	ZOIS AUG -3 P : SECRETARY OF ST TALLAHASSEE.FLG