

L16000164709

(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



000298804320

05/05/17--01015--023 \*\*25.00

FILED  
17 MAY -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 8 2017

## COVER LETTER

**TO:** Registration Section Division of Corporations

**SUBJECT:** Aquila Surgical Partners, LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:

**Jason L. Gunter, Esq.**  
**Gunterfirm**  
**1514 Broadway, Suite 101**  
**Fort Myers, FL 33901**

For further information concerning this matter, please call:

**Conor Foley, Esq. at (239) 334-7017**

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
17 MAY -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Aquila Surgical Partners, LLC .
2. The Florida document/registration number assigned to this limited liability is: L16000184709.
3. The date this member withdrew is: May 1, 2017 .
4. I, David E. Eichten , hereby withdraw as Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X

  
Signature of Dissociating Member

FILED  
MAY -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)