

L 99000007969

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Summerlin Bend Surgery Center, LLC.

200003494922--0
-12/11/00--01087--003
****582.50 *****85.00

RECEIVED
00 DEC 11 AM 10:52
DIVISION OF CORPORATION

G. COULLETTE DEC 12 2000

Signature _____

Requested by: *[Signature]*

Name _____

Date *12/11*

Time *10:00*

Walk-In _____

Will Pick Up _____

- FILED
00 DEC 11 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- ____ Art of Inc. File _____
 - ____ LTD Partnership File _____
 - ____ Foreign Corp. File _____
 - ____ L.C. File _____
 - ____ Fictitious Name File _____
 - ____ Trade/Service Mark _____
 - ____ Merger File _____
 - ____ Art. of Amend. File _____
 - ☒ RA Resignation _____
 - ____ Dissolution / Withdrawal _____
 - ____ Annual Report / Reinstatement _____
 - ____ Cert. Copy _____
 - ____ Photo Copy _____
 - ____ Certificate of Good Standing _____
 - ____ Certificate of Status _____
 - ____ Certificate of Fictitious Name _____
 - ____ Corp Record Search _____
 - ____ Officer Search _____
 - ____ Fictitious Search _____
 - ____ Fictitious Owner Search _____
 - ____ Vehicle Search _____
 - ____ Driving Record _____
 - ____ UCC 1 or 3 File _____
 - ____ UCC 11 Search _____
 - ____ UCC 11 Retrieval _____
 - ____ Courier _____

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY


Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capital Connection, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for Sumnerlin Bend Surgery Center, L.L.C.
(Name of Limited Liability Company)

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:

Weimar Lopez for Capital Connection, Inc.
(Typed or printed name)
Registered Agent Coordinator
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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