

MO9000001409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -8 AM 7:10

OCT -9 2012  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DATAMED technologies LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose Kleber  
(Contact Person)

Datamed technologies  
(Firm/Company)

1330 SABAC TRC.  
(Address)

WESTON, FL 33327  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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

RECEIVED

12 OCT -8 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 26, 2012

JOSE KLEBER  
DATAMED TECHNOLOGIES  
1330 SABAL TRAIL  
WESTON, FL 33327

SUBJECT: DATAMED TECHNOLOGIES LLC  
Ref. Number: M09000001409

We have received your document for DATAMED TECHNOLOGIES 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00024023



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DATAMED technologies LLC

2. This limited liability company was organized under the laws of:

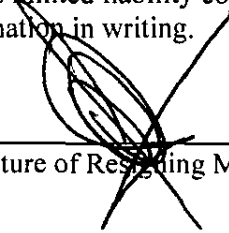
Florida Delaware

3. The Florida document/registration number of this limited liability company is:

M09000001409M

4. I, Jose Kleber, hereby resign as a Partner  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
12 OCT -8 AM 7:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS