

# L12000157248

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

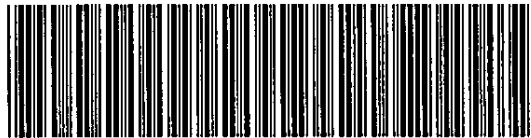
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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D. SCOTT  
OCT 24 2016



**Pamela T. Karlson, B.C.S.**  
Board Certified Real Estate Lawyer



**Joy Bogaert, Esq.**

October 19, 2016

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RE:** Branier Orthopedic Molded Shoes, Inserts & Braces, LLC  
Florida Document Number L12000157248  
Our File No. 419-12

Dear Sir or Madam:

Enclosed please find a completed Cover Letter and my signed Resignation of Registered Agent for a LLC to be filed in your office. A copy of this Resignation has been forwarded to the above-referenced LLC via email and regular U.S. Mail.

Also enclosed is our check in the amount of \$85.00 made payable to the Florida Department of State.

If you have any questions, or desire additional information, please do not hesitate to contact us.

Sincerely,

Pamela T. Karlson, J.D., B.C.S.

PTK/drm

Enclosures as stated

cc: Branier Orthopedic Molded Shoes, Inserts & Braces, LLC

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16 OCT 21 PM 2:33  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRANIER ORTHOPEDIC MOLDED SHOES, INSERTS & BRACES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000157248

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:

**PAMELA T. KARLSON**

Name of Person

**KARLSON LAW GROUP, P.A.**

Name of Firm/Company

**301 DAL HALL BOULEVARD**

Address

**LAKE PLACID, FL 33852**

City/State and Zip Code

**INFO@KARLSONLAW.COM**

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

For further information concerning this matter, please call:

**DAVID R. MAINS**

Name of Person

at ( 863 ) 465-5033  
Area Code Daytime Telephone Number

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**16 OCT 21 PM 2:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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:**

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

**STREET ADDRESS:**

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

**KARLSON LAW GROUP, P.A.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **BRANIER ORTHOPEDIC MOLDED SHOES,**

**INSERTS & BRACES, LLC**

Name of Limited Liability Company

**L12000157248**

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**PAMELA T. KARLSON**

Typed or Printed Name

**PRESIDENT**

Capacity

**FILED**  
**16 OCT 21 PM 2:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
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**