

M13000000825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

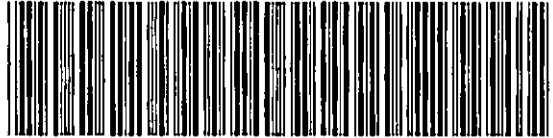
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/04/18--01011--021 \*\*35.00

2018 JUN 11 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN  
JUN 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2018

HMO AFFILIATES LLC  
ATTN: ALBERT SAUER, JR.  
9865 TRACE VALLEY  
ATLANTA, GA 30350

SUBJECT: HMO AFFILIATES LLC  
Ref. Number: M13000000825

We have received your document for HMO AFFILIATES 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 Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 918A00009899

RECEIVED  
2018 JUN 11 PM 12:32  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HMO AFFILIATES LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT SACER  
(Name of Person)

HMO AFFILIATES LLC  
(Firm/Company)

9865 TRACE VALLEY  
(Address)

ATLANTA GA 30350  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT SACER at (404) 587 1650  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

NOTE CHECK FOR \$35 WAS  
INCLUDED WITH EARLIER  
IN CORRECT FILING

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ITMO AFFILIATES LLC  
(Name of limited liability company)

GEORGIA  
(Jurisdiction of its organization)

2/7/2013  
(Date registered with Florida Department of State)

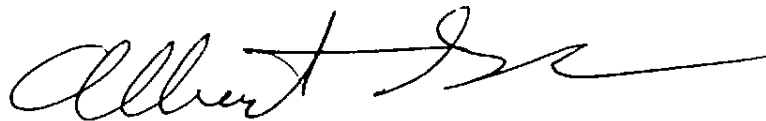
M 13000000825  
(Florida Document Number)

FILED  
2018 JUN 11 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 4/30/18 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

ALBERT SAUER

(Typed or printed name of signee)

MAKAGIEN  
6/8/18

Filing Fee: \$25.00