

600276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

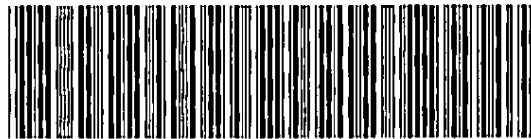
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

2023 JUN 17 0:16

SUBJECT: Resignation of Officer

(Name of Corporation)

DOCUMENT NUMBER: 600276

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor G. Poole

(Name of Person)

Poole & Villani M.D.'s, P.A.

(Name of Firm/Company)

4380 Alton Road Suite 870

(Address)

Miami Beach, FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Villani

(Name of Person)

at (305) 674-2047

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2020

TAYLOR G POOLE
4380 ALTON RD #870
MIAMI BEACH, FL 33140

SUBJECT: POOLE AND VILLANI, M.D.'S, P.A.
Ref. Number: 600276

We have received your document for POOLE AND VILLANI, M.D.'S, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 620A00018057

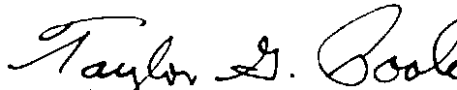
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Taylor G. Poole, hereby resign as President and Director
(Title)

of Poole & Villani M.D.'s, P.A.
(Name of Corporation)

600276, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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