## 600276

| (Requestor's                            | s Name)               |
|---|-----------------------|
| (Address)                               |                       |
| (1.00.000)                              |                       |
| (Address)                               |                       |
|   |                       |
| (City/State/Z                           | Zip/Phone #)          |
| PICK-UP V                               | VAIT MAIL             |
|   |                       |
| (Business E                             | intity Name)          |
| (Document                               | Number)               |
| ·                                       | •                     |
| Certified Copies Ce                     | ertificates of Status |
|   |                       |
| Special Instructions to Filing Officer: |                       |
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Office Use Only



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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

2073 / 10 7 7 7 G: 14

| Resignation of Officer SUBJECT:       |  |
|---------------------------------------|--|
| SUBJECT:                              | (Name of Corporation)                                      |
| DOCUMENT NUMBER: 600276               |  |
| The enclosed Officer/Director Resign  | nation for a Corporation and fee are submitted for filing. |
| Please return all correspondence con  | cerning this matter to the following:                      |
| Taylor G. Poole                       |  |
| (Name of Perso                        | m)   |
| Poole & Villani M.D.'s, P.A.          |  |
| (Name of Firm/Com                     | npany)   |
| 4380 Alton Road Suite 870             |  |
| (Address)                             |  |
| Miami Beach, FL 33140                 |  |
| (City/State and Zip)                  | Code)  |
| For further information concerning th | nis matter, please call:                                   |
| Luis Villani                          | 305 674-2047<br>at ( )                                     |
| (Name of Person)                      | (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



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.

Letter Number: 620A00018057

Terri J Schroeder Regulatory Specialist III

www.sunbiz.org

## OFFICER / DIRECTOR RESIGNATION **FOR A CORPORATION**

| Taylor G. Poole              | President and   | President and Director . hereby resign as |  |
|------------------------------|---|---|--|
| •                            |   | (Title)                                   |  |
| Poole & Villani M.D.'s, P.A. |   |   |  |
| '1                           | (Name of Corporation)                                     |   |  |
| (Document Number, if know    | a corporation organized under the laws                    | s of the State of                         |  |
| Florida                      |   |   |  |
|                              |   | ;?  |  |
|                              | Taylor D. Soole (Signature of resigning officer/director) | ·   |  |

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