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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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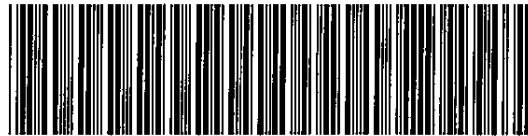
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Family Medical Provider Ltd. Co.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Metzler

(Name of Person)

Innovative Health Care Options LLC

(Firm/Company)

201 E. Hallandale Beach Blvd., Ste B

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Metzler

(Name of Person)

at (954) 455-3301

(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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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DIVISION OF CORPORATIONS
2006 OCT 18 PM 12:05



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Ingrid Metzler, hereby resign as MGRM
(Title)

of Comprehensive Family Medical Provider Ltd. Co.,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

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

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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