

L04-000051264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

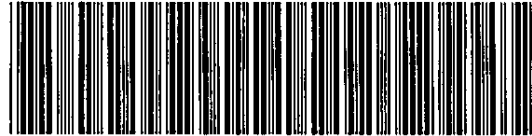
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300278406093

11/05/15--01016--008 \*\*55.00

FILED  
15 NOV -5 PM 2:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV 06 2015  
Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATTAINABLE SOLUTIONS: COMPREHENSIVE MENTAL HEALTH Services,  
(Name of Limited Liability Company) LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jo-Ann H. Bird

(Contact Person)

The Love Birds, PA

(Firm/Company)

1219 Millennium Parkway, Ste. 105

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Jo-Ann H. Bird

(Name of Contact Person)

at ( 813 ) 361-4552

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Attainable Solutions: Comprehensive Mental Health Services, LLC

2. The Florida document/registration number assigned to this limited liability company is: L04000051264

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/01/2015

4. I, The Love Birds, PA (Owner-Jo-Ann H. Bird), hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

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

Jo-Ann H. Bird (Owner of The Love Birds, PA)  
Signature of Dissociating Member or Resigning Manager  
11/1/15

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)