

1050000 76739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

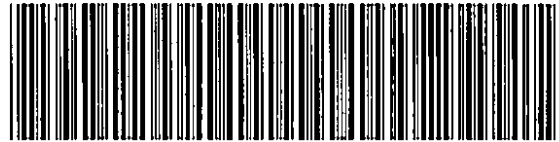
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100316655561

08/14/18--01003--003 **55.00

RECEIVED

AUG 13 2018

FILED

2018 AUG 13 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FL

UW
8/2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Myers Injury Center L.L.C.

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Robert Sitner Psy.D.

(Contact Person)

Fort Myers Injury Center

(Firm/Company)

4731 West Atlantic Ave Suite B-21

(Address)

Delray Beach, Florida 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Sitner

(Name of Contact Person)

561 495-1212
at ()
(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: Fort Myers Injury Center, L.L.C.
2. The Florida document/registration number assigned to this limited liability company is: L05000076739
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/01/2018
4. I, Brian Mitteldorf D.C., hereby withdraw/resign as a
(Print Name of Person Resigning)
member

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

FILED
2018 AUG 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL