

# L06000065730

\_\_\_\_\_  
(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



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08/09/16--01013--007 \*\*35.00

**FILED**  
2017 MAY -2 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. MILLIGAN

MAY - 2 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2016

CHET A. BIERNAT  
600 ROYAL COMMERCE ROAD, SUITE C  
ROYAL PALM BEACH, FL 33411

SUBJECT: INSTITUTE OF MEDCAL EXCELLENCE LLC  
Ref. Number: L09000065730

We have received your document for INSTITUTE OF MEDCAL EXCELLENCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 216A00016695

#2

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C. B. ASSOCIATES, LLC  
(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:

CHET A. BIERNAT

(Contact Person)

C. B. ASSOCIATES, LLC

(Firm/Company)

600 ROYAL COMMERCE ROAD, SUITE C,

(Address)

ROYAL PALM BEACH, FLA. - 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

CHET A. BIERNAT

(Name of Contact Person)

at ( 561-791-4544  
(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

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#3



FILED

2017 MAY -2 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: C. B. ASSOCIATES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
LO6000065730

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 30<sup>th</sup>, 2016.

4. I, Dean A. Biernat, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Vice-President

*(Print Title)*

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

A handwritten signature in black ink, appearing to read "Dean Biernat", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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