# L06000005730

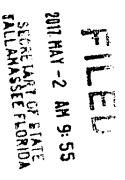
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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



M. MILLIGAN
NAY - 2 2017



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.

Letter Number: 216A00016695

Deborah Bruce Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

Division of Corporations			
SUBJECT:	C. B. ASSOCIATES, LLC		
	(Name of Limited Liability Company)	i	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matter to:	j	
CHET	A. BIERNAT	;	
(Cont	act Person)		
		į	
C. B. ASSOCIATES, LLC			
(Firm	Company)	,	
600 ROYAL COMMERCE ROAD, SUITE C,			
(Ac	dress)	į	
ROYAL P	ALM BEACH, FLA 33411	† †	
(City/Stat	e and Zip Code)	,	
For further information cor	cerning this matter, please call:	:	
CHET A. BIERN	ai ( 301 /31 -37 /	•	
(Name of Contact	Person) (Area Code & Daytime Telephone Numb	er)	
Enclosed please find a chec □ \$25 Filing Fee	k made payable to the Florida Department of State for:  \$55 Filing Fee & Certified Copy		

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

The self





## 2017. MAY -2 AM 9: 55 SECRETARY OF STATE FALLAMASSEE 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
1. The name of the	e limited liability company	as it appears on the records of the Florid	a Department
of State is:C.	B. ASSOCIATES, LLC		· ·
2. The Florida doc	ument/registration number	assigned to this limited liability compar	y is:
. LO	06000065730	•	
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:	e 30 <sup>th</sup> , 2016.
	n A. Biernat	, hereby withdraw/resign as a	21
	Name of Person Resigning)	, ,	;
Vice	-President		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability company has been n	otified of my
Dia	Dem		
Signature of D	issociating Member or Res	igning Manager	
			:
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		•