

LO6 0000 84604

(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



600113379656

12/26/07--01039--007 **55.00

FILED

2007 DEC 26 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO6-84604
OK 12-27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Palm Beach Medical Wellness Center LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Richard Fenn

(Contact Person)

North Palm Beach Medical Wellness Center LLC

(Firm/Company)

11911 US Hwy. 1, Suite 102

(Address)

North Palm Beach, Florida 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Fenn

(Name of Contact Person)

at (561) 626-5433

(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

FILED
2007 DEC 26 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

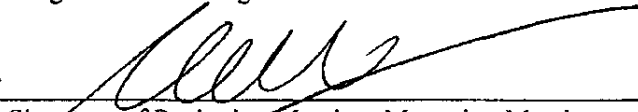
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: North Palm Beach Medical Wellness Center LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
20-5445615

4. I, Robert Fenn, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

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


Signature of Resigning Member, Managing Member or Manager

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

2017 DEC 26 AM 10:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED