

607000018757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

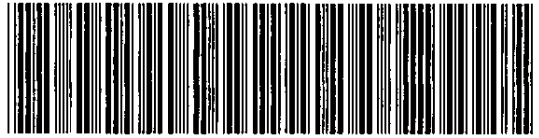
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300160708533

09/16/09--01012--007 \*\*55.00

FILED  
2009 SEP 16 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 17 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cognitive Performance Group of Florida

(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:

William A. Ross

(Contact Person)

Cognitive Performance Group of Florida

(Firm/Company)

3662 Avalon Park Blvd, E., Suite 205

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

William Ross

(Name of Contact Person)

at ( 407 ) 282 4433

(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**  
2009 SEP 16 AM 10:46  
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: Cognitive Performance Group of Florida

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

3. The Florida document/registration number of this limited liability company is:  
L0700018757

4. I, David E. Phillips, hereby resign as a 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.

William A. Ross  
Signature of Resigning Member, Managing Member or Manager

WILLIAM A. ROSS  
Pres & CEO

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

FILED  
2009 SEP 16 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA