

107000028372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Document Number)

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10 JUN 25 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
EXN 2.8 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL GULF PAIN MANAGEMENT
(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:

David Zamikoff
(Contact Person)

Natural Healing Arts
(Firm/Company)

2215 59th St. W
(Address)

Bradenton, FL 34209
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANA ZAMIKOFF at (_____) _____
(Name of Contact Person) (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
10 JUN 25 PM 12:04
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: ALL GULF PAIN MANAGEMENT, 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:
L07000028372

4. I, SHANA ZAMIKOFF, hereby resign as a MANAGER 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)

FILED
10 JUN 25 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER
FOR ALL GULF PAIN MANAGEMENT, LLC**

I, SHANA ZAMIKOFF, hereby resign as a Member of ALL GULF PAIN MANAGEMENT, LLC, a limited liability company organized under the laws of the State of Florida, and affirm that the limited liability company has been notified in writing of the resignation.

By: _____


SHANA ZAMIKOFF

Date: _____

02/01/10

FILED
10 JUN 25 PM 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA