

# LO7000034289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

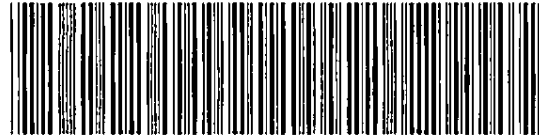
(Document Number)

Additional Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED

2023 JAN -4 AM 10:17

SECRET



2023 JAN -4 PM 4:17

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 25.00**

AUTHORIZATION: *Judy*

In Motion Physical Therapy, L.L.C. L07000034289

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of Articles of Incorporation**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

**AMMENDMENTS**

☐ Amendment

☒ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution

☐ Merger

☐ Conversion

☐ **Statement of Revocation of  
Dissolution**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL() \_\_\_\_\_

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

**Country**

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IN MOTION PHYSICAL THERAPY, L.L.C.  
(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:

Kate Mesic, Esquire

(Contact Person)

Law offices of Kate Mesic, PA

(Firm/Company)

6550 St. Augustine Road, Suite 305

(Address)

Jacksonville, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Kate Mesic, Esquire

at ( 904 ) 619-2510

(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2023 JAN -4 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: IN MOTION PHYSICAL THERAPY, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L07000034289

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2023

4. I, JOANNA FRANTZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER AND MEMBER

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)