

LD7000103334

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(City/State/Zip/Phone #)

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FALL ARDUSSEE, FLORIDA

✓ SAIY
OCT - 5 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Physicians Billing, LLC
(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:

Tara Denny
(Contact Person)

Complete Physicians Billing, LLC
(Firm/Company)

18147 Miramar Ave
(Address)

P.C. FL 33954
(City/State and Zip Code)

For further information concerning this matter, please call:

Tara Denny at 941, 706-1901
(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
18 OCT -1 AM 4:50
SECRETARY OF STATE
TALLAHASSEE, 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. The name of the limited liability company as it appears on the records of the Florida Department of State is: Complete Physicians Billing, LLC

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

L07000103334

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/18

4. I, Tara Talon, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

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

Tara Talon

Signature of Dissociating Member or Resigning Manager

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