

LOF0000 39547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

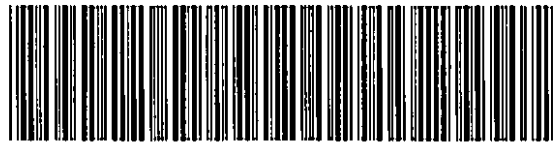
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/16--01032--002 **35.00

17 JUL 24 AM 7:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2016

SABINE MILLIEN-FELIX
1005 LAKE AVENUE SUITE 413
LAKE WORTH, FL 33460

SUBJECT: ACADEMIA FOOT & ANKLE ASSOCIATES LLC
Ref. Number: L08000039547

We have received your document for ACADEMIA FOOT & ANKLE ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00004781

RECEIVED
2017 JUL 24 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACADEMIA FOOT & ANKLE ASSOCIATES, 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:

SABINE MILLIEN-FELIX
(Contact Person)

MILLIEN LeBLANC, PLLC
(Firm/Company)

1005 LAKE AVENUE SUITE 413
(Address)

LAKE WORTH, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

SABINE MILLIEN-FELIX at (561) 459-3655
(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



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: ACADEMIA FOOT & ANKLE ASSOCIATES, LLC

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

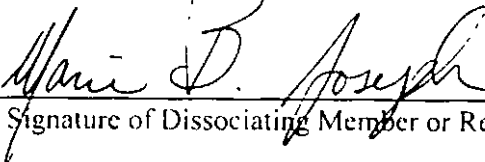
L08000039547

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/28/2012

4. I, MARIE B. JOSEPH, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING 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)