

W8000092996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

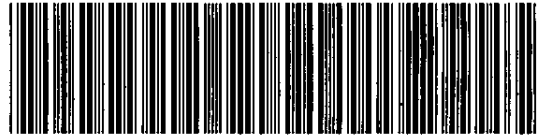
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200163754692

12/23/09--01026--004 **25.00

T. CLINE

DEC 24 2009

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 23 AM 10:47

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMED-ID FRANCHISING, LLC
(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:

ROBERT KING
(Contact Person)

EMED-ID FRANCHISING, LLC
(Firm/Company)

2810 SCHERER DRIVE, SUITE 110
(Address)

ST. PETERSBURG, FL 33716
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT KING at (727) 577-4646
(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
2009 DEC 23 AM 10:47
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: EMED-ID FRANCHISING, 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:
L08000092996

4. I, LONNIE D. HELGERSON, hereby resign as a MANAGING 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)

2009 DEC 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED