

L08000 110390

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 29 PM 2:24

T. HAMPTON

JUN - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Health Care Records 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:

Angela Wolfe
(Contact Person)

(Firm/Company)

10362 Palmbrooke Terrace
(Address)

Lakewood Ranch, FL 34202
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Wolfe at (941) 730-0641
(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

RECEIVED

09 MAY 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 8, 2009

ANGELA WOLFE
10362 PALMBROOKE TERRACE
LAKEWOOD RANCH, FL 34202

SUBJECT: COMPREHENSIVE HEALTH CARE RECORDS LLC.
Ref. Number: L08000110390

We have received your document for COMPREHENSIVE HEALTH CARE RECORDS 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00015744



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: Comprehensive Health Care Records 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:
L08000110390

4. I, Angela Wolfe, 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.

Angela Wolfe
Signature of Resigning Member, Managing Member or Manager

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