L09000004685

(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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 18 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bolanos-McMahan 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:

Jennifer McMahan
(Contact Person)

Bolanos-McMahan LLC
(Firm/Company)

401 E. Las Olas Blvd #130-451
(Address)

Ft. Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Angie Bolanos-Escalona at (786) 348-6361
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

[X] $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

CR2E079 (5/06)

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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: Complete Therapy Solutions and Consulting 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:
L09000004685.

4. I, Angie Bolanos-Escalona, hereby resign as a MGR M
(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)

CR2E079 (5/06)

TO whom it may concern

Fax# 847-953-0134

Re: policy# 415198041
Bolanos-McMahon
Therapy solutions and consulting.

company is owned 100% by
Jennifer McMahon. Payment
received and funds cleared

Angie

[redacted] OTR/L,CEAS

Please remove Angie Bolanos-Escalada
from policy.