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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Clinartis 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:

### Aramayis Kocharyan

(Contact Person)

Clinartis LLC

(Firm/Company)

1909 Tyler Street, Suite 702

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Aramayis Kocharyan

.,954 \ 4048068

(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

CR2E079 (5/06)



## 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 of State is: Clin	limited liability company as it artis LLC	appears on the records of the	e Florida Department
2. This limited liabi	lity company was organized u	nder the laws of:	
3. The Florida docu L09000064	ment/registration number of t	his limited liability company 	2013 OCT 22 SECRETARY TALLAHASS
4. I, Carol Houts	i	, hereby resign as a MGI	RM Pa 👳
(Print Name of Person Resigning) (Print Title).0			
resignation in wri	pility company and affirm the ting.  gning Member, Managing Me	>	s been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		