

**L09000015989**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

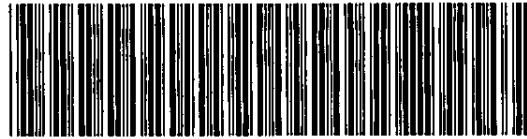
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2014

ROBERT E BONE JR  
701 W MAIN ST  
LEESBURG, FL 34748

SUBJECT: PREMEAR HEARING CLINICS, LLC  
Ref. Number: L09000015989

We have received your document for PREMEAR HEARING CLINICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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 II  
Registration/Qualification Section

Letter Number: 114A00000459

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PREMEAR HEARING CLINICS, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000015989

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ROBERT E. BONE JR.**

Name of Person

**THE BONE LAW FIRM**

Name of Firm/Company

**701 W. MAIN STREET**

Address

**LEESBURG, FL. 34748**

City/State and Zip Code

**rbone@thebonelawfirm.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ROBERT BONE**

Name of Person

at ( **352** ) **315-0051**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**WILLIAM B. MAHAN JR.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **PREMEAR HEARING CLINICS, LLC**

Name of Limited Liability Company

**L09000015989**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

### FILING FEES:

|  |   |
|--|---|
| \$ 85.00                                     | Active limited liability company  |
| <input checked="" type="checkbox"/> \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

TALLAHASSEE, FLORIDA  
14 JAN 30 PM 2:31