

209000020817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

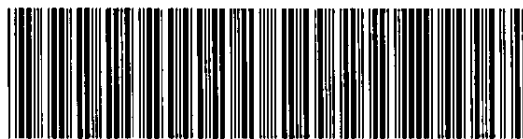
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700155330977

05/06/09--01044--022 **55.00

FILED

09 MAY -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 07 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arthritis Pain Solutions, 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:

Ronnie McCullough
(Contact Person)

Arthritis Pain Solutions, LLC
(Firm/Company)

1614 E 15th Ave
(Address)

Tampa, FL 33605
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronnie McCullough at ⁷²⁷ ~~(813)~~ ^{365-3439 Rm} ~~374-0393~~
(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)

FILED
09 MAY - 6 PM 12:25
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: Arthritis Pain Solutions, 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:
L09000020817

4. I, Frederick E Nick, hereby resign as a Managing Partner
(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)

FILED
09 MAY -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fred Nick

9120 Suffield Ct, Tampa FL 33615

Tel: 813-843-2771 Fax: 866-525-9644 insurance@frednick.com

To whom it may concern:

Frederick E Nick is no longer a partner with Ronnie McCullough nor a Managing Member of Arthritis Pain Solutions, LLC.

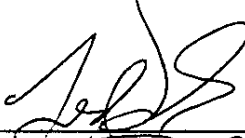
This is an amicable dissolution of our partnership agreement dated March 1st 2009.

If any one has questions regarding this matter please feel free to contact;

Fred Nick 813-843-2771

Ronnie McCullough 727-365-3439

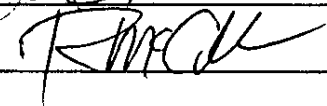
Signed by Frederick E Nick



Date

5-4-09

Signed by Ronnie McCullough



Date

5/4/9

FILED
09 MAY -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA