

LO9000040622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

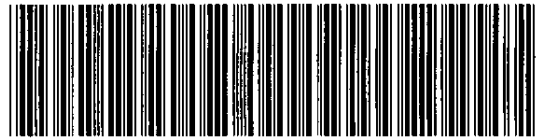
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY

MAY 08 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL ABOUT HEALTHCARE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGG KANTON
Name of Person

ALL ABOUT HEALTHCARE LLC
Firm/Company

1001 N. REDWATER BLVD Suite 324
Address

TALLAHASSEE BEACH, FL 32309
City/State and Zip Code

~~GREGG.KANTON@ALLABOUTHEALTHCARE.COM~~
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL LINDS at (305) 244-1807
Name of Person Area Code & Daytime Telephone Number

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MAY - 8 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ALL ABOUT HEALTHCARE@gmail.com

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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: ALL ABOUT HEALTHCARE LLC

2. This limited liability company was organized under the laws of:

FL

3. The Florida document/registration number of this limited liability company is:

L-09000040622

4. I, AARON MOSCOWITCH, hereby resign as a MGV
(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]
Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA