

L/0000088666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

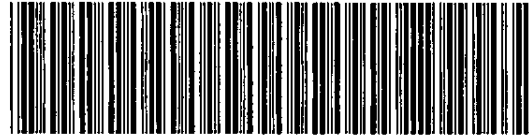
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAMILY DOCTORS AUTO INJURY CENTER, 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:

FREDERICK MALIBIRAN

(Contact Person)

(Firm/Company)

PO Box 262616

(Address)

TAMPA, FL 33685

(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERICK MALIBIRAN

(Name of Contact Person)

at ( 813 ) 928-7178

(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

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CLERK OF THE COURT



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: FAMILY DOCTORS AUTO INJURY CENTER, 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:

L10000088666

4. I, FREDERICK MALIBIRAN,

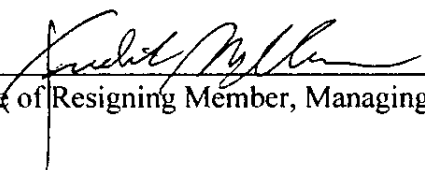
*(Print Name of Person Resigning)*

hereby resign as a

MGR

*(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)

RECEIVED  
FALLAH ASSESSOR  
FLORIDA

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