

L110000 18949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

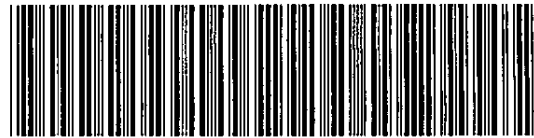
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. HARRIS
JUN 30 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HST Chiropractic
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dr. William Brogna
(Contact Person)

HST Chiropractic
(Firm/Company)

825 S US Highway 1 Ste 100
(Address)

Jupiter, FL 33477
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. William Brogna at (386) 871-0083
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: HST Chiropractic, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L11000018949

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/28/16

4. I, Alyssa Kenyon, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM* MGRM
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] 6/28/16
Signature of Dissociating Member or Resigning Manager

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

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