

L110000019131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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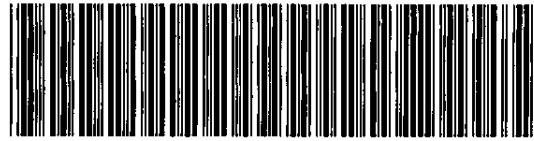
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 OCT 17 AM 9:45

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10.20.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serviremed, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Lisa Lanza Esq.
(Name of Person)
Melissa P. Lanza P.A.
(Firm/Company)
104 Crandon Blvd. Ste 420
(Address)
Key Biscayne, FL 33149
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Lanza, Esq. at 305 361-0997
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
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

October 8, 2014

LISA LANZA, ESQ.
MELISSA P. LANZA, P.A.
104 CRANDON BLVD - STE. 420
KEY BISCAYNE, FL 33149

SUBJECT: SERVICEMED, LLC
Ref. Number: L11000019131

We have received your document for SERVICEMED, 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):

Please complete the document in its entirety.

Please return 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 314A00021495

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14 OCT 17 11:45



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: Servicemed, LLC

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

L11000019131

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 10, 2014

4. I, Helson Leal Peng, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

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

/s/ Helson Leal Peng
Signature of Dissociating Member or Resigning Manager

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