

L11000028689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

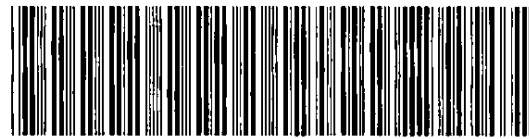
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

S. WARREN

JUN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Wellness & Clinical Research Institute, LLC
(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:

LeRoy Reynolds, RPh

(Contact Person)

South Florida Wellness & Clinical Research Institute, L

(Firm/Company)

2964 North State Road # 7

(Address)

Margate , Florida 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

LeRoy Reynolds

(Name of Contact Person)

954

at ()

582-7007

(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

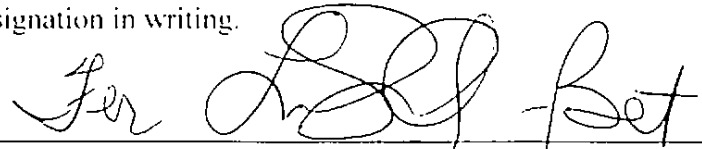


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: South Florida Wellness & Clinical Research Institute, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L11000028689
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/28/2014
4. I, Fern Bent-Taisenchoy, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member
(Print Title)

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

x 
Signature of Dissociating Member or Resigning Manager

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

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA